



## Health and Insurance Information

Are there any health concerns or physical limitations that we need to be aware of?

Do you carry family medical or hospital insurance? If yes, please list your policy information below.

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Carrier:

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Name of Policy Holder:

Group/Policy #:

NOTE: FCA Insurance covers all trip participants (staff and volunteers) for accidents or injuries that occur while doing ministry work. However, for health-related matters (e.g. if you have appendicitis while on the trip), you will need to have international medical insurance. Your Trip Leader will help you obtain this insurance.

### Acceptance of Risk and Release of Liability

I do understand the risks involved in participating in a trip with FCA International. I assume full responsibility for myself, or my child if a minor, for any and all risks.

I understand FCA International reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in its activities. I therefore certify that the medical and health information I have provided on this form is true and accurate to the best of my knowledge. I, or my child if a minor, am/is in good physical condition and therefore fully capable of participating in and able to undertake all of the activities involved in a FCA experience. I, or my child if a minor, do/does not have any medical condition that would prevent my, or his/her, participation except for those restrictions listed under health concerns/limitations.

I, or my child if a minor, agree not to use alcohol or illegal drugs while participating in FCA. I also assume full financial responsibility for any physical damage to persons or property caused by myself, or my child if a minor.

I hereby authorize and release to FCA the use of my image, or my child's if a minor, in a video recording or photograph for any purpose of the Fellowship of Christian Athletes.

I hereby give permission for any qualified medical personnel to render necessary emergency medical care for myself, or for my child if a minor. I also give said personnel the permission to make any necessary judgment decisions. I certify that I have adequate health, disability, and life insurance for myself, or for my child if a minor.

I agree that, should there be an issue or dispute as to the validity of any release that I have signed, this document shall supersede any other document that I have read and signed about my legal rights concerning FCA. I also understand that the terms of this agreement shall continue to be in effect even after the trip has ended.

This trip can be cancelled at any time before the trip commences by the FCA International Office if the risk assessment in their opinion is considered too dangerous for the area being traveled to.

Therefore I, \_\_\_\_\_, of my own free will, for my family, my children who are minors, my heirs and executors, and myself, have read, understand, and acknowledge the risks and liability for myself and my family on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Participant Signature

Printed Name of Parent/Guardian (if a minor)

Printed Name of FCA Participant

Printed Name of Parent/Guardian

### Release for Participants under Age 18

I/We \_\_\_\_\_ and \_\_\_\_\_  
give my/our permission for my/our child(ren) \_\_\_\_\_  
to travel with FCA to \_\_\_\_\_  
on these specified dates: \_\_\_\_\_.

Parent/Guardian Signature

Printed Name of Parent/Guardian

Parent/Guardian Signature

Printed Name of Parent/Guardian

### These signatures must be notarized for participants under the age of 18.

State of \_\_\_\_\_, County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this day \_\_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_, who is personally known or produced identification.

My commission expires: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Printed Name of Notary: \_\_\_\_\_

**This page must be carried with the Trip Leader on the Trip.**