

RIGHT TURN MINISTRIES

Application for Participation in Honduras Ministry Trip

Name: _____

Date of Birth: ____ / ____ / ____

Home Address: _____

Email Address: _____

Home Phone: () _____ Cell Phone: _____

Do you have a passport? _____ YES _____ No

PASSPORTS ARE REQUIRED AND CANNOT EXPIRE WITHIN 6 MONTHS OF TRIP

Passport Number: _____

Date Issued: ____ / ____ / ____ Expiration Date: ____ / ____ / ____

Transportation Information:

Date traveling to Honduras: ____ / ____ / ____

TO: Departing Flight Number: _____ Departure Time: _____

Arriving in San Pedro Sula Flight Number: _____ Estimated Arrival Time: _____

FROM: Departing San Pedro Sula Flight Number: _____ Departure Time: _____

Arriving Flight Number: _____ Estimated Arrival Time: _____

EMERGENCY CONTACT / MEDICAL INFORMATION

The information contained in this document is held in the strictest of confidence, and will be viewed by the Team Leaders. This information may become necessary in the event of an illness or injury.

Emergency Contact Information:

(Please list somebody who is NOT traveling with you)

Name: _____ Relationship: _____

Home Address: _____

Email Address: _____

Home Phone: () _____ Cell: _____

Medical Information:

Do you have any medical condition? _____ Yes _____ No

If yes, please explain: _____

In case of an emergency, please list the current prescription medication you are taking:

Do you have any allergies? _____ Yes _____ No.

If yes, please list them: _____

Does your allergy require you carry self-injectable epinephrine? _____ YES _____ NO

If marked yes, please initial you are aware of the dangers of not having AIE (Auto injector epinephrine) on your person at all times. By initialing, you agree to assume all risks involved in anaphylaxis and hold Right Turn Ministries or its board members harmless in the event of exposure. _____

Do you have health insurance? _____ Yes _____ No

If yes, please be sure to bring your health insurance card or a copy of your card with you on the trip.

If No, by initialing, you agree to assume all financial responsibility of any medical care incurred while an active participant of this trip _____

TRAVEL INSURANCE

Did you purchase travel insurance? _____ Yes _____ No

If yes, please provide a copy of the insurance with this application.

It is REQUIRED that you purchase the optional travel insurance with your airline tickets; this insurance provides coverage for a variety of travel interruptions, medical issues, and evacuation expense coverage. Travel insurance is also available to be purchased separately from your airline ticket. Please provide a copy of the insurance with this form.

Attestation:

I attest, by my signature below that all information provided on this form and the accompanying required assumption of risk release is truthful. I also acknowledge that any infraction of rules set forth by the ministry will result in an immediate return trip home at my own expense.

Signature: _____ Date: ____ / ____ / ____

This form is valid for calendar year 2020. Please be sure to notify Right Turn Ministries if there are any changes in information