



INFORMATION & MEDICAL RELEASE FORM

Must be completed and returned *with down payment.*
Form must be update yearly.



GENERAL INFORMATION

FULL NAME (As appears on ID or Passport) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
EMAIL _____ @ _____ PHONE _____ CELL _____
T-SHIRT SIZE(if applicable) _____ YOUR CHURCH _____
IN A FEW WORDS, PLEASE DESCRIBE THE ROLE THAT JESUS CHRIST HAS IN YOUR LIFE _____

CAN YOU? (Please circle any that might apply to you) -Sing -Speak -Puppets -Read to Children -Pray in a group
-Share one-on-one -Work with elderly -Construction -Electrical -Plumbing -Other _____
Do you play musical instruments? (If yes, list) _____

GRM has the right to use my/ my child's photo or video footage for presentations, newsletters, publications and/or the website.

CIRCLE ONE: YES OR NO SIGNATURE _____ DATE _____
Parent/ Guardian _____ Phone _____
Emergency Contact _____ Phone _____

INSURANCE INFORMATION:

Health Insurance Company _____ Policy Number _____

MEDICAL INFORMATION:

Any health problems or major illnesses in the past year _____
Condition(s) requiring medications-Please list meds _____
Any physical disabilities or limitations _____
Any known allergies/reactions _____

MEDICAL RELEASE:

In the case of unconsciousness or inability to release (Check one) Myself My Child, for medical treatment as a result of sustained injury, illness or accident on the Get Real Ministries Mission Trip/Activity, I _____ give my permission to Get Real, its staff, representatives and all attending health care professionals (including, but not limited to RN's, LPN's, Physicians Assistants, Doctors and Paramedics) to administer medical treatment, hospitalize, anesthetize or perform surgery as required. I, _____, do agree to hold harmless, acquit and release Get Real Ministries, Inc. and its representatives from all actions, damages or liabilities arising from the treatment of any accident, injury or illness incurred during the mission trip/activity. This release indicates that Get Real Ministries incur no liability whatsoever for any sustained injury/ accident or while attempting to meet all medical needs required during the trip.
Participant's Signature/Guardian _____ Date ___/___/___

RELEASE TO TRAVEL:

18 & Under Requires Parental/Guardian Signature
My Child has my permission to travel with Get Real Ministries, Inc. to:
Mission Location _____ Date: From ___/___/___ to ___/___/___
Parent or Guardian Signature Date _____ Date ___/___/___

FOR INTERNATIONAL TRAVEL ONLY (Under 18 years of age)

NOTARY PUBLIC ENDORSEMENT REQUIRED
NOTARY PUBLIC SIGNATURE _____ Date ___/___/___
Commission Expiration ___/___/___

INTERNATIONAL TRAVEL ONLY :: PASSPORT INFORMATION

FULL NAME (AS APPEARS ON PASSPORT) _____
PASSPORT NUMBER _____ EXPIRATION DATE ___/___/___

Get Real Ministries, Inc.

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