



# INFORMATION & MEDICAL RELEASE FORM

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



## GENERAL INFORMATION:

FULL NAME (As appears on ID or Passport) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_ @ \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

I understand that Get Real/Grace Point is a tobacco(in all forms), alcohol and drug free ministry/facility. Therefore, I agree to abstain from tobacco(in any form), alcohol or illegal drugs during my ministry time with Get Real.

Signed \_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_ YOUR CHURCH \_\_\_\_\_  
IN A FEW WORDS, PLEASE DESCRIBE THE ROLE THAT JESUS CHRIST HAS IN YOUR LIFE \_\_\_\_\_

Do you play musical instruments? (If yes, list) \_\_\_\_\_

## MEDIA RELEASE:

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 \_\_\_\_\_

## INSURANCE INFORMATION:

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Parent/ Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

## 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 \_\_\_\_\_

## 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 \_\_\_/\_\_\_/\_\_\_

## 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 \_\_\_/\_\_\_/\_\_\_

## 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 \_\_\_/\_\_\_/\_\_\_