

I LOVE TAIWAN MISSION  
我愛台灣宣教營

2024

I PRESS ON TOWARD THE GOAL  
向著標竿直跑



## Health Agreement and Liability Release Form

Parents and Participants: This form is MANDATORY for participation. Please read it carefully and sign where indicated. Participants' over 18 years of age do not require parental consent but we still need this completed form on file.

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/County/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Health Statement:

Is the participant currently under treatment for a medical condition? Yes / No

If yes, please describe: \_\_\_\_\_

Has the participant been under treatment for a medical condition in the past? Yes / No

If yes, please describe: \_\_\_\_\_

List all medications the participant is currently taking: \_\_\_\_\_

List any known allergies to medication: \_\_\_\_\_

### Parental Consent:

I, \_\_\_\_\_ (name of parent/guardian) give permission for the "I Love Taiwan Mission Camp" staff and its affiliates to act in my behalf to approve appropriate medical treatment for my son/daughter/participant \_\_\_\_\_ should an emergency medical treatment be necessary and will make any necessary financial reimbursements.

I, \_\_\_\_\_, the participant, am of lawful age and legally competent to sign this Medical Release.

I understand that the terms herein are contractual and are not a mere recital; and that I have signed this document as my own free act. I agree to release and hold harmless the "I Love Taiwan Mission Camp" staff and its affiliates from any liability for decisions made pursuant to their authorization.

I have fully informed myself of the contents of the Medical Release by reading it and that the medical and insurance information I give below is accurate.

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_