

# H<sup>2</sup>Jamaica

Hope and Health for Jamaica

h2jamaica@gmail.com

Full Name:		
Address:		
City, State, Zip:		
Home Phone:		Cell Phone:
Email address:		Marital Status: S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>
Birth Date:		Age:      Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Passport? <input type="checkbox"/> Yes <input type="checkbox"/> No Passport #:		Preferred name for nametag:
Emergency U. S. Contact during Trip		
Name:		Relationship:
Home Phone: -		Cell Phone
Credentials/Skills		
<input type="checkbox"/> Physician <input type="checkbox"/> Dentist <input type="checkbox"/> ARNP <input type="checkbox"/> R. N. <input type="checkbox"/> L.P.N. <input type="checkbox"/> EMT/CNA		
<input type="checkbox"/> Pharmacist <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Dental Assistant <input type="checkbox"/> Physical Therapist		
<input type="checkbox"/> Pastor <input type="checkbox"/> Teacher <input type="checkbox"/> Construction <input type="checkbox"/> Electrical <input type="checkbox"/> Carpentry <input type="checkbox"/> Masonry		
<input type="checkbox"/> Musical gifts <input type="checkbox"/> Other:		
Medical History		
Please indicate your general health:		
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor		
Do you have any concerns about special needs (diet, lodging, lifting, stair-climbing)?		
Please indicate any allergies you may have:		
<input type="checkbox"/> Hay fever <input type="checkbox"/> Insect stings <input type="checkbox"/> Foods (specify) _____		
<input type="checkbox"/> Drugs (specify) _____ <input type="checkbox"/> Other _____		
Do you have any other medical condition of which we should be aware? Is there anything that would limit your ability to walk on uneven ground, work outside, or work for 8 hours in a row?		

<b>Church Affiliation</b>
Church name:
How active are you in your church?
Why do you want to come on this trip?
Have you ever been on any other mission trip? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where/when?
<b>Participant Agreement</b>
<p>I am applying for:</p> <p style="padding-left: 40px;"><input type="checkbox"/> 13-day trip    <input type="checkbox"/> 8-day trip</p> <p>I understand that information will be sent out by email (and I promise to read my email) unless I check the following box:</p> <p style="padding-left: 40px;"><input type="checkbox"/> I do not have email and would like all information sent via US mail.</p> <p>Signature: _____ Date: _____</p> <p>Signature of parent if participant is a minor:</p> <p style="padding-left: 100px;">_____ Date: _____</p>

**As a participant in this H2Jamaica mission trip, I acknowledge and agree to the following:**

**I. Personal Conduct**

- I will strive to understand and respect the cultural differences that I encounter.
- I acknowledge that the laws of the State of Iowa bind me. In addition, I will observe the laws of the country in which I will be residing and all regulations in effect at the host institution.
- I acknowledge that if I elect to arrive early for the program, remain overseas after participation in the program, or travel at other times independently, H2Jamaica will cease to act as a sponsor for my activities during those times.

- If I decide to operate a motor vehicle, I understand that it is strongly recommended that I have adequate insurance coverage. I understand that H2Jamaica assumes no financial responsibility for legal aid, or for my care should I be involved in an accident while operating a motor vehicle before, during, or after my program.

**Participants in Mission Trips are expected to behave in a responsible manner during the program.**

To that end, I agree to the following:

- Being on time, present, and able to participate at all scheduled events and activities.
- Behaving responsibly in all living situations and on group excursions. This includes using good judgment about co-curricular activities that may be considered risky.
- Abstaining from alcohol and tobacco use on camp grounds

## **II. Financial Obligations**

- I am aware of the costs associated with this program, and I agree to pay the required fees according to the program's fee schedule.
- I acknowledge and accept the financial consequences of withdrawing voluntarily from the program and/or returning home prior to the conclusion of the program.

## **III. Health & Accident Insurance**

*Traveling and living abroad involves some personal risk. While serious medical emergencies are rare, you must consider the possibility and make appropriate provisions for it.*

- I acknowledge the risks associated with working and traveling abroad, and I authorize H2Jamaica, its authorized representative(s) or the program coordinator at the host institution, to secure any medical treatment determined to be necessary under the circumstances.
- I acknowledge that such treatment shall be solely at my expense if not covered by travel insurance included with project fee.
- I confirm that a physician has approved of my participation in this program, or that I agree to accept the risk of my participation without such approval.

#### IV. Agreement & Release

WHEREAS, \_\_\_\_\_ (*indicate full name*)  
hereinafter referred to as participant, is about to take a mission trip described as  
H2Jamaica medical mission trip and

WHEREAS, it is acknowledged that said travel involves some risk to person and  
property, including but not limited to, the risk of injury or death due to accident  
and disease; and

WHEREAS, it is acknowledged that said travel may be the occasion of medical  
emergency necessitating the administration of medical treatment including  
hospitalization or surgery;

NOW, THEREFORE, in consideration of said participant being permitted to  
participate in said travel program, I do hereby, for myself, my heirs,  
administrators, and executors, and the undersigned as parent, parents, or guardian  
of said participant, do for ourselves and for and on behalf of said participant, all  
acknowledge and assume the risk of such travel program, and do hereby release and  
forever discharge H2Jamaica and all of its officers, volunteers and agents whether  
accompanying said program or otherwise, from any and all claims, demands, actions,  
or causes of action, on account of any injury to me or my property, on account of my  
death, or on account of damages suffered by me for whatever reasons, which may  
occur from any cause, including negligence, or in connection with said travel program  
or any continuances thereof; and we do hereby expressly covenant and agree to  
refrain from bringing suit or proceedings at law or in equity or otherwise as  
provided by law, against any of said bodies or persons on account of any and all such  
claims, demands, actions, or causes of action. I voluntarily assume these risks. I  
have read and understand the program description. This document is executed with  
full knowledge of its signature.

If my parents or guardian have not signed this form, I represent and certify that I am not  
a minor; I am 18 years of age or older.

---

Signature of Applicant

---

Date

---

Signature of Parent or Guardian

---

Date

Mail this application and \$100 non-refundable deposit (made out to H2Jamaica) to:  
Barb Ericson, 3906 Maryhill Drive, Cedar Falls, IA 50613

Licensed professionals will have to submit additional paperwork by September 30. Final  
payment is due by December 31.

Questions? Call Barb Ericson at 319-277-1880 (H) or 319-493-5039 (C)  
or email [h2jamaica@gmail.com](mailto:h2jamaica@gmail.com).