

Medical Treatment and Liability Release Form



To be signed by adults or minors (with parent/guardian permission/signature) participating in **Village Care International, Inc. (VCI)** activities and events, including mission trips:

I am aware of the dangers and the risks to my person and property involved in participating in mission trips and specialized events with VCI. _____ *Initial (adult)*

I take responsibility for making VCI facilitators, volunteers or staff aware if I do not understand or if I have any questions about an activity, and I fully understand that these same facilitators, volunteers or staff have authority to safely remove me from the field when necessary. _____ *Initial (adult)*

On behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I hereby:

Waive, release and discharge VCI and its agencies, officers, volunteers and employees from any and all liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in VCI activities or events. _____ *Initial(adult)*

Indemnify, save, and hold harmless VCI and its agencies, officers, volunteers and employees of, from and against any and all claims of any nature including all costs, expenses and fees arising out of or resulting from my actions during this activity or event. _____ *Initial (adult)*

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event. _____ *Initial (adult)*

I hereby grant permission for qualified VCI staff members to seek and/or administer emergency care for me in the event that my health and well being is involved or that I am unable to seek care for myself. _____ *Initial (adult)*

I hereby agree that all photos of me participating in VCI activities or events are the property of VCI and can be used for marketing purposes. _____ *Initial (adult)*

This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law. _____ *Initial (adult)*

I, the undersigned Participant, or parent/guardian of team member, acknowledge that I have read and understand the above waiver, Indemnification and Release.

Name: (Print)

Team Member, or if minor, Parent/Guardian

Signature: _____ **Date:** _____

Village Care International, Inc.
3240 Professional Drive
Auburn CA 95602

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Name of Team Member _____ Date of Birth _____

Family Doctor's Name _____ Phone # _____
and Address _____

- | | | |
|---|-----|----|
| 1) Is a doctor currently treating you? | Yes | No |
| 2) Do you have any condition requiring special medical consideration? | Yes | No |
| 3) Have you sustained any injury that may limit physical activity? | Yes | No |
| 4) Have you had major surgery in the past year? | Yes | No |

If answered yes for any of the above, please explain (Attach a separate sheet of paper if necessary)

PLEASE NOTE: under certain circumstances a Certificate of Ability may be required.

List all medications you use. Provide information on dosage, frequency, and reason for using all Medication:

| Medication/Dosage | Frequency | Reason for usage |
|-------------------|-----------|------------------|
| | | |
| | | |
| | | |

List any known allergies: medicine (penicillin, aspirin, acetaminophen, sulfa, etc); Foods (dairy, wheat, etc); contact with substances (plants, soaps, etc); Animals, insect bites/stings.

| Allergy | Reaction | Medication/Treatment |
|---------|----------|----------------------|
| | | |
| | | |
| | | |

Has your reaction ever required emergency room care? _____

Please list any current health problems _____

Blood Type _____

Emergency Contact Name _____

Phone Number _____

Team Member, or if minor, Parent/Guardian Signature:

Date _____

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