Healthy Niños Honduras

Service Team Registration Form

Date _____

Name (as written on passport)_____

Nickname or Name typically used _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

Phone number (Cell) _____ (Home) _____

Birthdate _____ Age _____ Sex: ☐ Male ☐ Female

Occupation _____

Country of Passport _____

Passport Number _____ Passport Expiration Date _____

Dates of Travel _____ Team Leader/Group Name _____

In case of an emergency, person that you would like to be contacted:

Name _____ Relation _____

Phone Number _____ Secondary Phone Number _____

Email Address _____

Return this registration form with your $300 non-refundable deposit to:

Word FM Missions

PO Box 17

Harleysville, PA 19438

Healthy Niños Honduras

Health Form

***Each team member should fill out this health form.*

Name _____

Date of Birth _____ Age_____

Allergies _____

Current Health Problems _____

Current Medications

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Immunization Status: (please enter dates)

Tetanus _____
Hepatitis A Series
#1_____ #2_____
Hepatitis B Series
#1_____ #2_____ #3 _____
OR Hepatitis A/B Combined (Twinrix)
#1_____ #2_____ #3 _____
Typhoid
Oral _____ Injection _____

Family Doctor _____
Address _____
Phone Number _____

Any additional health information that you feel is significant?

_____
_____

Do you have any food/diet restrictions?

_____

Healthy Niños Honduras

In order to protect each other and the work in which Healthy Niños participates in Honduras, we ask that each person volunteering to serve complete this form. There are always risks involved in traveling and HNH has done its best to inform the volunteers of the risks and necessary precautions. Please do not hesitate to contact us with further questions regarding your travels.

EMERGENCY RELEASE FORM AND RIGHT OF REPRESENTATION

I, or my son/daughter, want to participate in a Trip organized and run by Healthy Niños Honduras, Inc. As used herein, "the Trip" includes without limitation all events occurring while en route to or from or in Honduras. I understand that Healthy Niños Honduras, Inc. doesn't want to be sued or risk liability for personal injury, wrongful death or property damage arising from or related to participation in the Trip. To obtain the privilege of participating in the Trip, I agree on behalf of myself and, if applicable, my child, to the following:

1. I'm prepared physically, emotionally, mentally and spiritually for this trip. The scheduling environment and other foreign travel condition aren't adverse to me. I'll be flexible and have a servant attitude. **Initials:** _____

2. I grant to any of the Healthy Niños Honduras, Inc. staff and leaders the right to represent me in decisions relating to my welfare or the group welfare during the trip. I'll follow the suggestions made on my behalf. **Initials:** _____

3. I understand the administrative role that Healthy Niños Honduras, Inc. plays to putting the mission team together. I also understand that the mission trip will be handled by the team leader and HNH staff in Honduras. I'll follow the mission trip and mission house rules stated either orally or written. **Initials:** _____

4. I understand that I am visiting Honduras as a guest of Healthy Niños and that my actions will reflect the work and efforts of the ministry; therefore, I will display the attitude of a servant fieldworker and guest throughout this visit as well as adhere to the stringent policy of no use of tobacco, illicit drugs and alcoholic beverages around the group or at the work site and mission house. If my child is participating, I will take every action needed to assure the child's compliance. **Initials:** _____

5. I have read and understand HNH's Child & Vulnerable Adult policy. The principle underlying this policy is that all volunteers and staff should avoid actions or behaviors which may constitute poor practice or potential abuse and exploitation. **Initials:** _____

6. I have read and understand HNH's Harassment policy. The principle underlying this policy is that all volunteers and staff should maintain an environment that is comfortable, safe and free from harassment of any kind. **Initials: _____**

7. Participating in the Trip involves risks of injury. For example, and without limitation, I understand these risks include: environmental conditions, building or equipment failure, lack of building codes, construction work or clean up, acts of God, criminal activity, contaminated food or water, disease, lack of supervision, the negligence or physical limitations of myself, my child, and others, or Healthy Niños Honduras Inc.'s negligence. I understand that the foregoing dangers create a risk for me (or my child) of personal injury, death, or damage to personal property ("Injury"). I freely assume these risks. **Initials: _____**

8. I forever RELEASE Healthy Niños Honduras, Inc. from any and all liabilities and claims for any Injury arising out of or related to the Trip. I will not, on behalf of myself or anyone else, sue or make a claim against Healthy Niños Honduras, Inc. for any Injury, even if the Injury is caused by Healthy Niños Honduras, Inc.'s negligence. I will indemnify and hold Healthy Niños Honduras, Inc. harmless from all damages, claims, and liability, including without limitation attorneys' fees and costs, related to any Injury or breach of this agreement by myself or others. This indemnity and hold harmless agreement includes Injury caused by Healthy Niños Honduras, Inc.'s negligence. **Initials: ____**

9. If I need (or my child needs) medical care, including surgery, while with Healthy Niños Honduras, Inc., I authorize and appoint Healthy Niños Honduras, Inc., and its duly authorized agents to secure any and all available medical attention, including surgery, and specifically authorize them to sign on my behalf any and all permission forms, release forms, etc. I understand that U.S. auto and health insurance are not valid in Honduras. Healthy Niños uses an international health travel insurance plan. **Initials: _____**

10. I'm aware of the hazards and risks to myself and property associated with this trip. These risks include, but aren't limited to, death or injury by accident, disease, terrorist acts, weather condition, and inadequate medical services and supplies. I accept these conditions with a full awareness and assume all the risks describes above. **Initials: _____**

11. Knowing and Voluntary: No one is forcing or requiring me (or my child) to participate in the Trip or to sign this agreement. I have been given the opportunity to ask questions and have my questions answered. I sign this agreement of my own free will and I fully understand its contents. This agreement applies to each participation in a Trip, including the upcoming and all future Trips, is binding on me, my child (if applicable) and our heirs and estates, and will not be modified or revoked except by an express writing signed by Healthy Niños Honduras, Inc. and me. **Initials: _____**

Name (of participant): _____ Date_____

Signature _____

Parent signature (if under 18) _____
If typing name, it is understood that this constitutes as a legal signature.

Healthy Niños Honduras

Permission Form for Team Members (under 18 yrs old)
- Only for children whose parents will not be on the same trip -

Date_____

To Whom It May Concern:

I, (Parent's name)_____, give my son/daughter, (Participant's name) _____, permission to travel to Honduras with the team from the Healthy Niños Honduras, Inc. under the sponsorship of (team leader)_____. I understand the trip to last _____ days (_____ to_____) and to be arranged through Healthy Niños.

Signed _____
(Parent/Guardian)

Signed _____
(Parent/Guardian)

I give consent for my son/daughter to receive urgent emergency medical care during this trip.

Signed _____
(Parent/Guardian)

Signed_____
(Parent/Guardian)

*You may want to get this notarized before giving to your team leader.