

# MEDICAL/LIABILITY RELEASE FORM

For Applicants 18 years old or older

This form must be completed and returned to the camp at least two weeks before camp begins.  
Mail to: Crossing Borders, 218 Joan Ln, Longview, TX 75605. Save a copy for your records.

## APPLICANT INFORMATION:

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## INSURANCE INFORMATION:

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

Ins. Co. Address \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Subscriber Ins. ID# \_\_\_\_\_ Ins. Co. phone \_\_\_\_\_

Subscriber's Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Who should we notify in case of an emergency? Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Phone(s) \_\_\_\_\_

**MEDICAL ISSUES:** (disclosure will only be shared with group leaders or health care professionals, if needed)

Please list any medical problems you have: \_\_\_\_\_

\_\_\_\_\_

Are you under the care of a physician due to physical conditions we may need to know about?

If so, explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any physical limitations of chronic concerns that limit your activity? If so, explain:

\_\_\_\_\_

\_\_\_\_\_

Are your immunizations up-to-date? (circle one) **Yes** or **No**  
(There are no special immunizations required for travel into Mexico)

List (with dosage) any prescription medication you take on a regular basis:

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List any allergies to foods or medications: \_\_\_\_\_

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When was your last tetanus vaccine? \_\_\_\_\_  
(No immunizations are required for travel into Mexico, so you don't need to have had a tetanus shot. We just need to know in case you need medical treatment that might involve tetanus).

**CONSENT AND RELEASE:**

I, \_\_\_\_\_, do release Crossing Borders, Grace Communion International, and all affiliated organizations, sponsoring churches, and all staff of any responsibility for accidental injuries, sicknesses or incidents sustained during our mission event, be it into Mexico or stateside, run by Crossing Borders, affiliates or hosts. I do hereby give the above-mentioned camp entities permission to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery as deemed necessary and in accordance with the previously stated medical history. I also agree to abide by terms and regulations of conduct prescribed by Crossing Borders and related entities, and I realize that I may be asked to leave at any time at my own expense for flagrant violations of those terms and conditions. I also grant permission for the camp entities to use in their publications any still or video images taken of myself at any camp event.

Applicant, please sign below:

Signature \_\_\_\_\_

Date \_\_\_\_\_