## HOLY ROSARY INTERNATIONAL MEDICAL MISSIONS APPLICATION

With your application, please s	send via US mail, do NOT	email, the following	g:	
Copy of Passport Photo of yourself (not composed for the composed for the composed for the composed for the copy of licensure Copy of medical degree \$700 non-refundable degree	e not traveled with us be diploma	fore	d lodging)	
<b>Medical Information:</b> Please of and keep a copy with you as you remain confidential and referred	ou travel. It will be kept s	eparate from the ap		I
<b>Travel Insurance:</b> this is highly request this information as our your emergency contacts.				
<b>Passports:</b> Check your passpor the United States. Submit a ph you to Peru.		•	•	
<b>Waiver of Liability:</b> Initial on eato:	ach line, sign at the botto	om MAIL (don't ema	il!) the applicatio	n
Milly Estrada 422 Pecan Pl, Bre	entwood Ca. 94513			
PERSONAL INFORMATION Name:				
last	first	mido	dle initial	
Phone: Cell:	Home:		<del></del>	
Address:street				
city Email:		state	•	
Birthdate:	Passport Nu	mber:		
Expiration: City of	of Origination:			

# AREA OF INTEREST

SPECIALTY: (please	e circle one): MD OD	NP RN EM	T-P MED	ICAL ASSIST	ANT	
TRANSLATOR GE	NERAL VOLUNTEER	SPIRITUAL LEA	ADERSHIP	ULTRASO	JND TECHNIC	CIAN
If you are a prescri	bing practitioner, are	you willing to	act as me	dical direct	or? Yes N	10
This entails signing	g applications for and	accepting pres	scription n	nedication s	shipments	
MEDICAL VOLUNTEERS: License number: Country of Licensure: Area of expertise:						
	Other certification	is: LANGUAGE				
		LANGUAGE				
What language?	I am : _	FLUENT _	INTE	RMEDIATE	BEGIN	NING
	EME	RGENCY CON	TACTS			
PRIMARY CONTAC	T:				<del> </del>	
	first and last name		re	lationship		
Primary Phone:		Seco	ndary Pho	ne:		
Email:		<del></del>	-			
Address:		(street)		(city)	(state)	(zip)
SECONDARY CONT	ACT:					
	first and last nam			relation	ship	
Primary Phone	Secondary Phone:					
Email:						
Address:	(st	reet)		(city)	(state)	(zip)
	ANY FURTHER IN	FORMATION	YOU WISH	H TO ADD		

#### **MEDICAL INFORMATION**

Name:						
Phone:						
MEDICAL HISTORY:						
	_					
	_					_
	<del>-</del> 					<del></del> 
	_					-
ALLERGIES:						
MEDICATIONS, VITAMINS AND HERE	BAL SUPI	PLEMEN	NTS (inclu	de dosage	es and inst	tructions)

THIS IS HIPPA PROTECTED AND WILL NOT BE SHARED WITH ANYONE UNLESS A MEDICAL NECESSITY DICTATES OTHERWISE. PLEASE KEEP A COPY OF THIS WITH YOU AT ALL TIMES.

## RELEASE OF LIABILITY

## PLEASE INITIAL ON EACH LINE AND SIGN BELOW

(PRINT NAME)	(SIGN NAME)(DATE)
MISSION.	
RELATED REASONS OR PROBLEMS THAT PRECLUDE OR R	RESTRICT MY PARTICIPATION IN THE
I HEREBY CERTIFY THAT WITH OR WITHOUT ACCO	MMODATION, I HAVE NO HEALTH-
OTHER MEDIA OF MYSELF OR LIKENESS	
I CONSENT TO THE USE OF ANY AND ALL PHOTOG	RAPHS, VIDEOS, VOICE RECORDINGS OR
LEGAL EFFECT.	
AGREED THAT THE BALANCE SHALL, NOTWITHSTANDING	•
AND INCLUSIVE AS IS PERMITTED BY LAW. IF ANY PORTI	
I FURTHER UNDERSTAND AND AGREE THAT THIS F	RELEASE IS INTENDED TO BE AS BROAD
MISSION.	-
CLAIM BY THE AFOREMENTIONED PARTIES ARISING OUT	
ROSARY INTERNATIONAL MEDICAL MISSIONS, HOLY ROS	
I FURTHER AGREE TO SAME AND HOLD HARMLESS	
ADMINISTRATORS, PERSONAL REPRESENTATIVES AND L	•
LIABILITY SHALL BIND MY SPOUSE, THE MEMBERS OF M	
IT IS MY EXPRESS INTENT THAT THIS ACKNOWLEDG	
AFFILIATES AND ALL ORGANIZERS ANY INJURIES AND CO	
HOLY ROSARY INTERNATIONAL MEDICAL MISSIONS, HO	•
ANY POST-MISSION TRAVEL IS AT MY DISCRETION	
BEFORE, DURING OR AFTER THE PERIOD OF THE MISSIO	
THAT I TAKE THAT IS OUTSIDE THE SCOPE OF THE MISSI	
FURTHERMORE, I ACKNOWLEDGE THAT I AM SOLI	
DAMAGES, INJURIES AND COSTS ARISING FROM THIS MI	
BOARD; HOLY ROSARY CHURCH AND ALL AFFILIATIONS F	
I WILL HOLD HARMLESS HOLY ROSARY INTERNATION	ONAL MEDICAL MISSIONS AND ITS
FOR AND PAY FOR ANY MEDICAL COSTS THAT MAY DIRE PARTICIPATION IN THIS MISSION.	CILY OR INDIRECTLY RESULT FROM MY
I HAVE ADEQUATE HEALTH/TRAVEL/EVACUATION FOR AND PAY FOR ANY MEDICAL COSTS THAT MAY DIRE	
I HAVE ADEQUATE HEALTH/TRAVEL/EVACUATION	
INCLUDING PROPERTY DAMAGE AND INJURY TO MYSELI I AGREE TO ALL OF THE RULES AND CONDITIONS O	
I ASSUME ALL RESPONSIBILITY FOR AND RISK RESU	
MISSION.	UTING FROM ANY RARTICIPATION
AND DANGEROUS. WITH FULL KNOWLEDGE OF THIS I VO	DLUNTARILY PARTICIPATE IN THE
ROSARY INTERNATIONAL MEDICAL MISSIONS MAY INCL	
I, THE UNDERSIGNED, AM AWARE THAT PARTICIP	

IF YOU ARE BRINGING IN MEDICAL EQUIPMENT NECESSARY FOR YOUR WORK OR DIAGNOSITCS, PLEASE COMPLETE THE FOLLOWING: (you do not need to include small items, e.g. otoscopes, stethoscopes, etc)

NAME OF EQUIPMENT	MAKE	MODEL#	PURPOSE	WILL THIS COME HOME WITH YOU?	OTHER INFO