



## AREA OF INTEREST

SPECIALTY: (please circle one): MD OD NP RN EMT-P MEDICAL ASSISTANT

TRANSLATOR GENERAL VOLUNTEER SPIRITUAL LEADERSHIP ULTRASOUND TECHNICIAN

If you are a prescribing practitioner, are you willing to act as medical director? Yes \_\_\_ No \_\_\_

This entails signing applications for and accepting prescription medication shipments

MEDICAL VOLUNTEERS: License number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Country of Licensure: \_\_\_\_\_  
Area of expertise: \_\_\_\_\_  
Other certifications: \_\_\_\_\_

### LANGUAGE

What language? \_\_\_\_\_ I am : \_\_\_ FLUENT \_\_\_ INTERMEDIATE \_\_\_ BEGINNING

### EMERGENCY CONTACTS

PRIMARY CONTACT: \_\_\_\_\_  
first and last name relationship

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

SECONDARY CONTACT: \_\_\_\_\_  
first and last name relationship

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

### ANY FURTHER INFORMATION YOU WISH TO ADD

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**MEDICAL INFORMATION**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**MEDICAL HISTORY:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ALLERGIES:** \_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS, VITAMINS AND HERBAL SUPPLEMENTS (include dosages and instructions)**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

\_\_\_\_\_ I, THE UNDERSIGNED, AM AWARE THAT PARTICIPATION IN ACTIVITIES WITH HOLY ROSARY INTERNATIONAL MEDICAL MISSIONS MAY INCLUDE ACTIVITIES THAT MAY BE RISKY AND DANGEROUS. WITH FULL KNOWLEDGE OF THIS I VOLUNTARILY PARTICIPATE IN THE MISSION.

\_\_\_\_\_ I ASSUME ALL RESPONSIBILITY FOR AND RISK RESULTING FROM MY PARTICIPATION INCLUDING PROPERTY DAMAGE AND INJURY TO MYSELF AND OTHERS.

\_\_\_\_\_ I AGREE TO ALL OF THE RULES AND CONDITIONS OF PARTICIPATING IN THIS MISSION

\_\_\_\_\_ I HAVE ADEQUATE HEALTH/TRAVEL/EVACUATION INSURANCE NECESSARY TO PROVIDE FOR AND PAY FOR ANY MEDICAL COSTS THAT MAY DIRECTLY OR INDIRECTLY RESULT FROM MY PARTICIPATION IN THIS MISSION.

\_\_\_\_\_ I WILL HOLD HARMLESS HOLY ROSARY INTERNATIONAL MEDICAL MISSIONS AND ITS BOARD; HOLY ROSARY CHURCH AND ALL AFFILIATIONS HARMLESS FROM ANY AND ALL DAMAGES, INJURIES AND COSTS ARISING FROM THIS MISSION.

\_\_\_\_\_ FURTHERMORE, I ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY ACTION THAT I TAKE THAT IS OUTSIDE THE SCOPE OF THE MISSION REGARDLESS OF OCCURRING BEFORE, DURING OR AFTER THE PERIOD OF THE MISSION.

\_\_\_\_\_ ANY POST-MISSION TRAVEL IS AT MY DISCRETION AND RISK, I WILL HOLD HARMLESS HOLY ROSARY INTERNATIONAL MEDICAL MISSIONS, HOLY ROSARY CHURCH AND ALL AFFILIATES AND ALL ORGANIZERS ANY INJURIES AND COSTS RESULTING IN THESE ACTIVITIES.

\_\_\_\_\_ IT IS MY EXPRESS INTENT THAT THIS ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY SHALL BIND MY SPOUSE, THE MEMBERS OF MY FAMILY AND ESTATE, HEIRS, ADMINISTRATORS, PERSONAL REPRESENTATIVES AND LEGAL REPRESENTATIVES.

\_\_\_\_\_ I FURTHER AGREE TO SAME AND HOLD HARMLESS, INDEMNIFY AND DEFEND HOLY ROSARY INTERNATIONAL MEDICAL MISSIONS, HOLY ROSARY CHURCH AND ALL AFFILIATES ANY CLAIM BY THE AFOREMENTIONED PARTIES ARISING OUT OF MY PARTICIPATION IN THE MISSION.

\_\_\_\_\_ I FURTHER UNDERSTAND AND AGREE THAT THIS RELEASE IS INTENDED TO BE AS BROAD AND INCLUSIVE AS IS PERMITTED BY LAW. IF ANY PORTION HEREOF IS HELD INVALID, IT IS AGREED THAT THE BALANCE SHALL, NOTWITHSTANDING, CONTINUE IN FULL FORCE AND LEGAL EFFECT.

\_\_\_\_\_ I CONSENT TO THE USE OF ANY AND ALL PHOTOGRAPHS, VIDEOS, VOICE RECORDINGS OR OTHER MEDIA OF MYSELF OR LIKENESS

\_\_\_\_\_ I HEREBY CERTIFY THAT WITH OR WITHOUT ACCOMMODATION, I HAVE NO HEALTH-RELATED REASONS OR PROBLEMS THAT PRECLUDE OR RESTRICT MY PARTICIPATION IN THE MISSION.

\_\_\_\_\_ (PRINT NAME) \_\_\_\_\_ (SIGN NAME) \_\_\_\_\_ (DATE)

