



Missioner Profile and Release of Claim

Name: _____	Emergency contact: _____
Address: _____	Relationship to you: _____
_____	Contact phone #: _____
Home phone: _____	US Passport #: _____
Work phone: _____	Expiration date: _____
E-Mail: _____	Local church: _____
FAX: _____	Pastor's name: _____
Occupation: _____	Pastor's phone: _____

As a member of Kenya Relief Missionary Outreach 2010 to Kenya, I understand that I will represent not only myself, but also my fellow team members as ambassadors of Christ. I further understand that it is my responsibility to follow the guidelines and expectations of the team leaders, while respecting the host country and church. Therefore, in consideration of the opportunity to participate in this mission journey as a volunteer, and in consideration of other obligations incurred by the mission leaders, I agree to the following:

- * I agree to share my faith in an appropriate Christian manner.
- * I agree to cooperate with the team leader concerning our work and life together including daily assignments, food, lodging, and transport and to stay with the team for the duration of the journey.
- * I agree to abstain from offensive behavior while on the mission journey.
- * I hereby release and discharge Kenya Relief and mission journey leaders from all claims, demands, actions, judgments and executions which I ever had, or now have, or may have, or which my heirs, executors, administrators, or assigns may have or claim to have, against the mission organization, their agents, their officers and their successors or assigns for all personal injuries to property, real or personal, caused by, or arising out of, the above mission service. I intend to be legally bound by this statement.
- * I hereby acknowledge that by engaging in this mission journey, I am subjecting myself to certain risks voluntarily. Those risks include but not limited to risks which I normally face personally or professionally, health hazards to poor food and water, diseases, pests and poor sanitation, potential danger from lack of control over locals in country travel to, potential injury while performing work tasks and inadequate medical facilities, etc.

In witness whereof, I have executed this agreement and this release at _____ am/pm on _____ day of _____, 20 ____.

Missioner's Signature: _____

Printed Name: _____

NOTIFICATION OF DEATH

Name: _____ Passport No. _____

In the event of my death should occur outside the United States, a family member, or a representative of the US State Department/US Embassy, is to be instructed by the following:

1 Immediately contact the following:

a A consular duty officer at the US Embassy in the country where the death occurred.

Phone: _____ FAX: _____

_____ E-Mail: _____

b My family or other _____

Phone: _____ FAX: _____

_____ E-Mail: _____

2 My wishes are as follows:

My body is to be cremated if possible, prior to being shipped back home to the US. Where possible, arrangements for the cremation are to be made in consultation with the United States Embassy of the nation where the death occurred. My remains are then to be shipped to: _____

If cremation is not possible, then my body is to be shipped home, in keeping with the host nation requirements to (funeral home): _____

I do not wish to have my body cremated. My body is to be shipped to the US, in keeping with the requirements of the nation where the death occurred, to (funeral home): _____

All my valuables, money and personal possessions are to be kept in the control of the representative of the US Embassy and shipped to: _____

In the event of death, all of the above instructions are to be followed in consultation with the above named family member if that family member's physical condition and location make such consultation possible. Further, all valuables, money and personal possessions are to be placed in the possession and control of the above named family member.

Signature _____ Date _____

Notarization of Notification of Death Form

STATE OF _____ PARISH OR COUNTY OF _____

On this _____ day of _____, _____ (year), before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____ County / Parish _____
State of _____ My Commission Expires _____



Medical Information & Release Form

The following information is requested in order to be prepared to address any medical situation that might arise during the mission journey. All information is voluntary and regarded as confidential to be used only as needed.

- 1 Primary Physician _____
- 2 Physician Phone # _____
- 3 List any physical disabilities or health conditions that you have, and if those conditions required special accommodations, meals, etc.

4 List exact dosage of all medications you take on a regular basis.

5 List all known allergies:

6 Medical Insurance Provider

Policy Number _____ Phone # _____

Medical Release Form

I, _____, authorize _____ (another adult on the journey), if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice, for the duration of the Kenya Relief Outreach _____.

Signature of Missioner _____ Date _____

Signature of Parent (for youth under 18) _____ Date _____

Notarization of Medical Release Form (required for parents of youth under 18)

State of _____ County of _____

On this _____ day of _____, 20____ before personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Signature of Notary _____ Printed Name _____

Date _____