

Medical Information Form

Name _____

In an emergency contact:

Name: _____

Address: _____

Phone: _____ Office: _____ Cell: _____

Medical Conditions:

Allergies: _____

Do you have any medical or health problems? _____

Do you have a chronic or recurring illness that would affect your participation in this missionary journey? _____

Health Problems:	Yes	No
Blood Pressure	_____	_____
Heart Condition	_____	_____
Circulation	_____	_____
Back Problems	_____	_____
Blood Type (If known)	_____	_____

Medications you are currently using. Please list.

1. _____
2. _____
3. _____
4. _____
5. _____

Family Doctor _____

Phone number _____

**This information is not required for your missionary journey but may be supplied by you on a voluntary basis. It is kept confidential and will only be used in a medical emergency. Only your team leader and/or Cross Church Missions staff member supervising your missionary journey will have access to your information.*

Statement of Faith Commitment

I, _____, verify that I have read the Statement of Faith (found at <http://crosschurch.com/partnerships>) and acknowledge that I am obligated, through my words and actions, to uphold all of the beliefs listed. I agree that for the duration of the trip I am under the spiritual and doctrinal authority of Cross Church, and understand that if I persist to demonstrate beliefs inconsistent with those contained in the Statement of Faith, that actions may be taken to have me removed from the mission field at my own expense.

_____ *Initial*

Christian Conduct

Understanding that I am an ambassador of Christ, Cross Church, and the local national Christians, I agree to follow these guidelines on this missionary journey:

I will abstain from any and all tobacco products.

I will abstain from all alcohol (consumed and/or purchased on the field).

I will abstain from any inappropriate or immoral behavior.

I will abstain from any inappropriate or foul language.

I will fully cooperate and follow directions from my spiritual leaders (including the Team Leader, missionaries, and the national leaders on the field).

I will purpose to spiritually resolve any interpersonal relationship issues while on the field with other team members, following the Matthew 18 principle.

I will adhere to the timelines & guidelines stated for this missionary journey as instructed (1 Cor. 14:40).

I covenant to attend the training sessions to equip me (2 Timothy 2:15) and to exhibit a strong spiritual life as evidenced by personal daily quiet time with the Lord and church & small group attendance in a local church (2 Peter 3:18; Hebrews 10:25).

In the event that I violate this agreement I understand that I may immediately be sent home at my personal expense.

_____ *Initial*

Financial Commitment

I will follow all financial guidelines for fundraising and payment schedules, including personal responsibility for full payment by deadlines given (James 5:12).

Understanding that the total cost of the trip is \$_____, the amount I will personally fund is \$_____. **Upon completion of my fundraising, I understand that I am responsible for any outstanding balances. I agree to pay the remaining balance, per Cross Church policy, no less than 10 days before departure.** * Pricing subject to change according to travel contracts & logistics.

_____ *Initial*

Signature

Date

MINISTRY ACTIVITY PARTICIPANT (ADULT - 18 YEARS and OLDER)

1. PARTICIPANT INFORMATION

2. AUTHORIZATION FOR MEDICAL TREATMENT

3. RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

4. PHOTOGRAPHIC AND REPROGRAPHIC RELEASE

Name (per Passport or DL): (Last) _____ (First) _____ (Middle) _____

Date of Birth: _____ Age: _____ Sex (check one): Male Female

Home Address: _____ City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Work Phone: _____ Ext. _____

Primary Email Address: _____

In Case of Emergency, please contact: _____ Relation to you: _____

Home/Cell Phone: _____ Work Phone: _____ Ext. _____

Participant's Membership: Cross Church Other: _____

Church Address: _____ City: _____ State: _____ Zip: _____

I, _____ ("Participant") realize and acknowledge that my participation in a Cross Church ("Cross Church") event, mission trip, ministry project, youth camp or activity of any kind (collectively "Ministry Activity") anywhere within the United States, in a foreign country and travel to and from a Ministry Activity, includes many risks and possible dangers. Participant is aware that participation in a Ministry Activity exposes him/her to risks, including but not limited to, accidents, disease, war, political unrest, injury from construction projects and other physical, emotional and economic harms (collectively "Risks"). Participant hereby assumes all Risks that might result from his/her participation in any Ministry Activity.

Participant authorizes and consents to any adult member involved in a Ministry Activity (hereafter "Cross Church Designee"), to administer general first aid treatment for any minor injuries or illnesses experienced by Participant. If the injury or illness is life threatening or in need of emergency treatment, Participant authorizes the Cross Church Designee to summon any and all professional emergency personnel to attend, transport, and treat Participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state or country in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Cross Church Designee in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Participant assumes personal responsibility for all medical bills and certifies that he/she has secured primary medical insurance for him/herself. Further, should it be necessary for Participant to return home due to medical reasons, for disciplinary action, or otherwise, Participant hereby assumes responsibility for all related transportation and/or communication costs.

In good and valuable consideration, including but not limited to, being allowed to participate in a Ministry Activity, and to the fullest extent permitted by law, Participant unconditionally agrees to release, hold harmless and indemnify Cross Church and _____ [Participant's home church, if applicable], its/their trustees, officers, directors, employees, agents, volunteers, licensees, successors, legal representatives and assigns (collectively "Cross Church Releases") from any and all liability, claims, demands and causes of action for personal injury, sickness, disease, death, damages, property damage, expenses of any nature incurred by Participant and Cross Church Releasees, including attorneys' fees and costs, arising out of or related to in any way to a Ministry Activity, including negligence, gross negligence and/or fault, in whole or in part, of the Cross Church Releasees and Cross Church Designee.

By signing this document Participant hereby gives Cross Church the absolute and irrevocable right and permission to use Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of Participant with or without Participant's voice, or in which Participant may be included in whole or in part, photographed, taped, videotaped, and/or recorded during any Cross Church Ministry Activity, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any lawful purpose whatsoever. Participant also consents to the use of any printed matter in conjunction therewith, and waives any right to inspect and/or approve

the finished product(s) or the editorial, promotional or printed copy or soundtrack that may be used in connection therewith and any right that Participant may have to control the use to which said product(s), copy and/or soundtrack may be applied. Participant discharges and agrees to save and hold harmless Cross Church from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or to be produced in the making, processing, duplication, projecting or displaying of said images, and from liability for violation of any personal or proprietary right that Participant may have in connection with said images and with the use thereof.

Participant agrees to make every effort to live at peace and to resolve disputes with others in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, Participant agrees that any claim or dispute arising from or related to this Ministry Activity (1) Authorization For Medical Treatment, (2) Release, Indemnification And Hold Harmless Agreement and (3) Photographic And Reprographic Release shall be settled by Biblically based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. All such mediation and arbitration shall take place in Washington County, Arkansas. Judgment upon an arbitration award may be entered in any court of competent jurisdiction. Participant understands that these methods shall be the sole remedy for any controversy or claim arising out of this Ministry Activity (1) Authorization For Medical Treatment, (2) Release, Indemnification And Hold Harmless Agreement and (3) Photographic And Reprographic Release and expressly waives his/her right to file a lawsuit in any civil court against Cross Church Releases and/or Cross Church Designees for such disputes, except to enforce an arbitration decision. Participant agrees that the prevailing party in any dispute will be entitled to attorneys' fees, costs and expense of litigation. The Arbitrator(s) shall determine entitlement and amount of attorneys' fees, costs and expense of litigation.

To the extent any of the terms or provisions of this Ministry Activity (1) Authorization For Medical Treatment, (2) Release, Indemnification And Hold Harmless Agreement, And (3) Photographic And Reprographic Release are deemed unenforceable by a court of competent jurisdiction or arbitration panel, then the terms or provisions that are unenforceable shall be stricken and the remaining terms and provisions shall remain in full force and effect.

This form will be effective for participation in any Cross Church Ministry Activities that begin on or after the date this document is signed and notarized through and ending on August 31, 2013. Participant acknowledges that he/she is eighteen (18) years of age or older, has read and understood this form in its entirety and has signed and delivered it voluntarily.

Participant's Signature _____ Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____,
by

Name of Person Acknowledging

Signature of Notary Public

Printed Name of Notary Public

____ Personally Known or ____ Produced Identification.

Type of Identification Produced: _____

CROSS CHURCH

Background Check Authorization

Ministry/Dept: Missions

Print Name: _____
(First) (Middle) (Last) (Maiden) Year Married

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Drivers License Number/State: _____

Are you a member of Cross Church? *(Please circle)* YES Since: NO

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Cross Church** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, employment credit history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Cross Church** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Cross Church, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____