Riverside Community Mission Trip
October 16-18

Registration Form/Liability Release

Destination: **Piedras Negras, Mexico**

1. Name:_____
   Address: _____
   City: _____ State: _____ ZIP: _____
   Phone numbers: Home: _____ Mobile:_____ Work: _____
   E-mail: _____
2. Date of Birth: _____ 3. Passport Number: _____ Expiration Date: _____
4. In case of Emergency Notify:
   Name: _____ Relationship: _____
   Phone numbers: Home: _____ Mobile:_____ Work: _____
5. Explain any medical restrictions or handicaps that require special provisions:
   _____
6. List any medications you presently take: _____
7. Health Insurance Company: _____ Policy/Group Number:_____

   NOTE: Out-of-country medical facilities often do not recognize out-of-country insurance providers. Emergency funds may be brought with the team in the event of medical emergencies. Reimbursement is due to Riverside Community Church one week after return to the U.S.
8. Physician: _____ Phone Number: _____

The undersigned releases and agrees to hold harmless Riverside Community Church and any member, employee, or agent from any liability, injury, damages, loss, accidents, delay, or irregularity related to the undersigned individual's planned participation or involvement in the following project: Mission Trip – Piedras Negras, Mexico

The undersigned has been advised and understands that the project may involve risks to participants. Those risks may involve, among others, the following: Dangers resulting from disease; from natural conditions which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating; and from accidents involving vehicles, tools, equipment, etc. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced.

This release covers all rights and actions of every kind, nature, and description, which the undersigned ever had, now has, or, but for this release, may have. The release binds the undersigned and his or her heirs, representatives, or assignees.

_____ _____ _____ _____
Participant's signature Date Parent/Guardian signature (if participant is under age 18) Date

To reserve your spot on this trip, all missionaries will need to turn in the following by October 9, 2009:
* Registration Form/Liability Release
* If you are under age 18, you must complete a Parental Consent form (regardless if your parents are present on the trip)
* Check for $100.00 made payable to Riverside – write "September Mission Trip 09" in the memo line
* Return both to: Riverside Community Church
  Attn: Linda Marceau
  20475 180, PMB 417
  Spring Branch, TX 78070