



# Student Trip Participation Form

## General Information

Date of Trip: \_\_\_\_\_

Name as it appears on your passport: First \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male  Female Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

## Desire to Participate

I, the undersigned, desire to participate in the Won By One To Jamaica trip.

## Participant's Insurance and Emergency Information

I understand that Won By One To Jamaica would never knowingly send a team into a dangerous situation; that Won By One To Jamaica will take reasonable precautions to help make trip experiences safe; and that despite the precautions, occasionally people do get injured or become ill. I also understand that Won By One To Jamaica requires that the Participant be covered by a short-term, international insurance policy.

## Insurance Information

**All participants are required to have a short-term international insurance policy. For your convenience, we recommend purchasing short-term, international insurance from [www.missionaryhealth.net/wonbyonetojamaica](http://www.missionaryhealth.net/wonbyonetojamaica), which have a customized policy based on our trips with reasonable rate. Once you have purchased insurance, please print out the policy card you receive via email and attach it to the back of this document.**

## Emergency Contact Information

Name of emergency contact \_\_\_\_\_

Emergency numbers (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

## Other Medical Information

Any prescription medication currently taking \_\_\_\_\_

Reasons for taking medication \_\_\_\_\_

Circle any allergies/conditions: Poison Ivy    Insect Sting    Penicillin    Food    Asthma

Other allergy and/or explanation: \_\_\_\_\_

Do you currently have seizures? Yes    No                      Date of last occurrence \_\_\_\_/\_\_\_\_/\_\_\_\_

Family doctor \_\_\_\_\_ Doctor's phone number (\_\_\_\_\_) \_\_\_\_\_

Date of last tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_                      Other health information \_\_\_\_\_

\_\_\_\_\_

**Emergency Medical Authorization**

The medical information that is provided on this form is correct to the best of my knowledge. I certify that the Participant is able to participate in all activities unless I have otherwise advised Won By One To Jamaica in writing. I also certify that all medical conditions or allergies, which may limit the Participant's participation in activities, are listed above. FOR PARENTS: IN THE EVENT I CANNOT BE REACHED IN A CASE OF EMERGENCY, I HEREBY AUTHORIZE WON BY ONE TO JAMAICA, OR THEIR RESPECTIVE OFFICERS, DIRECTORS, AGENTS, EMPLOYEES OR THEIR DESIGNATED MEDICAL PROFESSIONALS TO MAKE EMERGENCY MEDICAL DECISIONS (I.E. DOCTORS, HOSPITALS, MEDICAL TREATMENT, ETC.) AND/OR TO ADMINISTER EMERGENCY MEDICAL ASSISTANCE. I ACCEPT RESPONSIBILITY FOR PAYMENT OF EXPENSES INCURRED AS A RESULT OF ANY MEDICAL TREATMENT.

**Agreement to Follow Safety Guidelines and Policies**

My signature below acknowledges that I understand that the Participant will be expected to follow all Won By One To Jamaica safety guidelines and policies. If the Participant repeatedly refuses to follow these guidelines, I understand that the Participant may be dismissed from the trip. If such a situation develops, and the WBOTJ staff decides that the Participant should be dismissed from the trip and returned home, I acknowledge and accept full responsibility for payment of all additional expenses incurred.

**Hold Harmless and Release**

I release and forever discharge (for myself, and for the Participant as permitted by law) Won By One To Jamaica, and their respective directors, officers, employees, volunteers and agents from liability for acts or omissions, including negligent acts or omissions, causing damage, loss, injury or death to me or the Participant while participating in the missions trip.

I also agree to indemnify and hold Won By One To Jamaica, and their respective directors, officers, employees, volunteers and agents harmless from any and all liability, including liability for negligence, arising in conjunction with or resulting from my or the Participant's participation the missions trip. This indemnity also includes fees and expenses incurred by Won By One To Jamaica.

**Use of Likeness**

I give my permission to Won By One To Jamaica to use any oral or written comments made by, and any photographs or videos taken of, the Participant for promotional purposes.

I HAVE READ, AGREE TO, AND UNDERSTAND ALL THE TERMS IN THIS DOCUMENT. THE INFORMATION I HAVE PROVIDED ON THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I AGREE THAT ALL THE TERMS IN THIS DOCUMENT APPLY TO THE WON BY ONE TO JAMAICA MISSIONS TRIP.

I AGREE TO ALLOW MY MINOR CHILD TO TRAVEL INTERNATIONALLY WITHOUT MY PRESENCE.

\_\_\_\_\_ (name of adult chaperone) WILL BE RESPONSIBLE FOR HIM/HER DURING TRAVEL.  
THE SIGNATURE(S) BELOW SIGNIFIES APPROVAL OF ALL INFORMATION AND TERMS LISTED.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If participant is under the age of 18)

Father/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If participant is under the age of 18)

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_, before me, a notary public in and for said state, personally appeared \_\_\_\_\_ as an individual, known to me to be the person(s) who executed the Participation Form and (s)he acknowledged to me that (s)he executed the same for the purposes stated herein.

Notary Public Signature \_\_\_\_\_ Commission expires \_\_\_\_\_