



Adult 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 <https://www.imglobal.com/img-producer-insurance-plans?imgac=497860&productType=trip> and selecting the iTravelInsured Travel SE insurance plan.

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 I am 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 I will be expected to follow all Won By One To Jamaica safety guidelines and policies. If I repeatedly refuse to follow these guidelines I understand that I may be dismissed from the trip. If such a situation develops, and the Won By One To Jamaica staff decides that I 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 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 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 participation in 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, myself for promotional purposes. I give my permission to Won By One To Jamaica to use my email address for communication purposes. I understand I can opt-out of receiving emails from Won By One To Jamaica at any time.

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. THE SIGNATURE BELOW SIGNIFIES APPROVAL OF ALL INFORMATION AND TERMS LISTED.

Participant’s Signature _____ Date _____

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

My commission expires: _____
Day / Month / Year

