



St. Thomas Aquinas
Catholic Community

NICARAGUA MEDICAL MISSION APPLICATION FORM

June 24-July 1, 2018

Cost: \$1000

(Please complete all pages)

Name: _____
(*as it appears on passport*)

Preferred name: _____

Address: _____

City, State, ZIP: _____

Phone: H_____ W_____

Cell_____

E-mail: _____

Church/parish: _____

Date of birth: _____ Citizenship: _____

Passport number: _____

Passport Expiration Date: _____

Please make a copy of your passport and attach it to the back of this form.

Do you have any medical training/experience? (Please check as appropriate)

Medical Dental PT/OT R.Ph. Nursing Other

Please explain: _____

What are your Spanish language skills?

None Minimal Moderate Proficient Able to interpret

Do you have any prior mission experience?

Yes No

If YES, please explain: _____

EIM Compliant Yes No Date & Diocese of Training _____

Please attach your EIM Compliance Verification to the back of this form! Your application will not be considered complete without it!

Special skills/talents: _____

Are you coming as a general helper? Yes No

Family contact information (person to contact while team is on Mission)

Name/Relationship: _____

Address: _____

City, State, Zip _____

Phone: _____
(home & cell)

E-mail: _____
(*very important*)

Which of the following areas can we count on you to help with?(Please check)

- Soliciting donations/fundraising/publicity
- Packing & sorting prior to Mission
- Transportation of equipment and/or team members for Mission

Do you have any special needs, disabilities or medical conditions that may affect your ability to work with the team? If YES, please explain:

After completing this application and attaching a copy of your passport and your EIM Compliance Verification, please sign the attached **Waiver and Release of Liability Form**, and enclose the initial deposit of \$500 with your application and waiver. Due date for the deposit is **March 25, 2018**. The balance (\$500) is due **April 29, 2018**.

Send your packet to: **Kathy Polzer, 4016 Hunter Creek Drive, College Station, TX, 77845**. Checks should be made **payable to St. Thomas Aquinas Catholic Church**. Please indicate **Nicaragua Team payment** on the memo line.

Contact : Kathy Polzer at kpolzer@csisd.org (979)-777-4350 (979)-690-2848

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of the Activity or Event: **St. Thomas Aquinas Medical Mission to Guatemala**

Date of Activity or Event: **Medical Mission to Granada, Nicaragua, June 24-July 1, 2018.**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, **THE FOLLOWING ENTITIES OR PERSONS: St. Thomas Aquinas Catholic Parish** and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise. I acknowledge that the **St. Thomas Aquinas Catholic Parish** and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of **St. Thomas Aquinas Catholic Parish.**

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, and actions of other people.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name

Signature of Participant

Age _____ Date _____

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to the participation of his/her child, _____, in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Participant's Name

Age

Signature of Parent or Guardian

Date: _____