

Grace Pointe Release and Medical Agreement

Please complete legibly, print and sign your name for each section. Each participant must complete this agreement each calendar year. Participant is responsible for notifying Grace Pointe Church of any changes to this agreement during said calendar year.

Participant Name: _____

Male: _____ Female: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____

Home Phone: () _____ Cell: () _____

Emergency Contact Address: _____

City: _____ State: _____ Zip: _____

Additional Contact Name: _____

Home Phone: () _____ Cell: () _____

Additional Contact Address: _____

City: _____ State: _____ Zip: _____

MEDICAL INFORMATION

Physician Name: _____

Group: _____ Phone: () _____

Dentist Name: _____

Group: _____ Phone: () _____

Blood Type: _____

Medications: (indicate dosage and reason for taking) _____

Grace Pointe Release and Medical Agreement

ALLERGIES

Bee Sting: _____ Peanuts: _____ Penicillin: _____

Environmental: _____ Other: _____

If participant has allergies, what happens when participant has an allergic reaction?

What intervention is required to resolve these allergic reactions?

None: _____ Doctor/Hospital: _____

Medication: (please list) _____

Has participant ever experienced any of the following medical conditions? Check all that apply.

Asthma: _____ Diabetes: _____ Epilepsy: _____ Heart Condition: _____

Head Injury: _____ ADD/ADHD: _____

Other: _____

Please describe the circumstances and how they were or are being resolved.

Grace Pointe Release and Medical Agreement

PERMISSION TO DISPENSE NON-PRESCRIPTION MEDICATION (for minors traveling unaccompanied by parent):

The following non-prescription medications may be administered to the above named participant while on a Grace Pointe Global missions trip if pertinent symptoms arise. Please check all that apply.

Ibuprofen: _____ Acetaminophen: _____ Antacid: _____

Pepto Bismol: _____ Cough Syrup: _____ Benadryl: _____ Other: _____

DISCLAIMER: Representations and Release

I hereby release and discharge Grace Pointe Church in Naperville, IL from any and all liability, claims, demands or causes of action that I may hereafter have for injuries or damages arising out of my participation in mission trip activities even if caused by negligence or other fault of the Church or its representatives. I further agree that I WILL NOT SUE OR MAKE CLAIM AGAINST Grace Pointe in Naperville, IL for damages or other losses sustained as a result of my participation in mission trip activities. I also agree to indemnify and hold the Church harmless from all claims, settlements, judgements and costs, including but not limited to attorneys' fees, and to reimburse them for any expenses whatsoever incurred in connection with an action brought as a result of my participation in mission activities.

I understand and acknowledge that mission activities can be dangerous and I EXPRESS AND VOLUNTARILY ASSUME THE RISK OF DEATH OR OTHER PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN MISSION ACTIVITIES WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER FAULT OF Grace Pointe in Naperville, IL including but not limited to equipment malfunction from whatever cause, inadequate training, and deficiencies in transportation, accommodations, food and other incidents of travel.

I further acknowledge that the foreign travel I have chosen is located in an area where there may be civil and political disturbances that could affect my personal freedom and safety. I have carefully evaluated the potential risk of injury or detention, and I believe the risks are worth undertaking in order that I be allowed to participate in the program. Therefore, I HEREBY AGREE TO PERSONALLY ASSUME ALL OF THE RISKS OF LAWFUL OR UNLAWFUL DETENTION OR INCONVENIENCE ASSOCIATED WITH THIS TRAVEL PROGRAM. Grace Pointe in Naperville, IL is not liable for legal expenses, bail or ransom money that may be demanded by my detainers. Furthermore, I further indemnify and hold harmless Grace Pointe in Naperville, IL from any lawsuit or other claims that may be instituted by any person or institution claiming to be a member of my family, dependent, creditor or any other person to whom I owe any obligation.

Participant must sign. Parent/Guardian signature is required for participants under age 18.

Participant: Print Name _____ **Date:** _____

Participant Signature: _____

Participant/Guardian: Print Name _____ **Date:** _____

Participant/Guardian Signature: _____

Grace Pointe Release and Medical Agreement

Emergency Authorization

The undersigned hereby give permission to licensed medical personnel attending to the treatment of the participant to order x-rays, routine tests and treatment. In the event of an emergency, the undersigned also give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant as named on this form.

Participant must sign. Parent/Guardian signature is required for participants under age 18.

Participant: Print Name _____ **Date:** _____

Participant Signature: _____

Participant/Guardian: Print Name _____ **Date:** _____

Participant/Guardian Signature: _____

Grace Pointe Release and Medical Agreement

Medical Insurance

- You **MUST** have medical insurance to participate in Grace Pointe Global Short Term Trips.
- Please provide copy of FRONT & BACK of your current medical insurance card.
- **ALSO** confirm with your insurance that you are covered in the country that you are traveling to. Otherwise, consider using suggested "Travel Volunteer Insurance" on back of form.

I understand that I am responsible for covering any medical expenses incurred on account of sickness, because insurance for sickness is **not** provided by Grace Pointe Church. My medical insurance provided is:

Insurance

Company: _____

Address: _____

Policy and/or Group Plan Number: _____

Identification Number of the Insured: _____

The Participant is: The Insured _____ or A Covered Dependent of the Insured _____

If a Covered Dependent, the Name of the Insured is: _____

Attach a photocopy of both sides of the medical insurance card that covers the participant.

Participant must sign. Parent/Guardian signature is required for participants under age 18.

Participant: Print Name _____ **Date:** _____

Participant Signature: _____

Participant/Guardian: Print Name _____ **Date:** _____

Participant/Guardian Signature: _____

Grace Pointe Release and Medical Agreement

If NO insurance available, please obtain short-term international coverage via:
[Gallagher Volunteer Travel Insurance](https://www.travelwithgallagher.com) <https://www.travelwithgallagher.com>



Volunteer Travel Insurance

BENEFIT	LIMIT	COMMENTS
Accidental Death & Dismemberment	\$100,000	Reduced to \$10,000 for those under age 12 or age 70 and over
Medical Expenses <i>\$100 deductible</i>	\$10,000	Primary coverage; \$2,500 of this limit is available to pay U.S. or Canadian providers; no preexisting condition exclusion
Disability Income Benefit <i>(no benefit if under age 12 or 70 and over)</i>	\$1,000/month \$500/month \$250/month	First 100 Months—Accident Months 101–200—Accident 50 Months—Sickness (after 3 month waiting period)
Assistance Service	Included	Available 24/7/365 for assistance with worldwide medical emergencies; provided by Specialty Assist™
Emergency Medical Evacuation	\$100,000	Coordinated by Specialty Assist™; will bring insured back to USA; no preexisting condition exclusions
Crisis Management Service*	Included	Available 24/7/365 for assistance with worldwide non-medical emergencies; provided by red24
Security Evacuation*	\$100,000	Coordinated by red24; for evacuation due to crime, civil unrest, natural disasters, kidnap/hostage situations**
Family Coordination and Repatriation of Mortal Remains	\$25,000	Combined limit for both benefits and includes a sublimit of \$2,500 for extra expenses incurred during an approved evacuation
Personal Property <i>\$100 deductible</i>	\$2,500	“Door to door” replacement cost coverage includes checked baggage; higher limits available upon request.
General Liability	\$1,000,000	Worldwide jurisdiction; includes coverage for injury to a volunteer; covers volunteer and sending organization
PARTICIPATION FEE	\$3.30 per person per day	

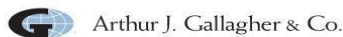
By requesting that we enroll you or your group, you are agreeing to participate in International Helpers (Guernsey) Trust for certain benefits and services. The Trust Participation Agreement is attached for signature and return with enrollment. The insurance is being provided by certain underwriters with Lloyds (London).

*The cost of a security evacuation is only insured up to \$1,000 in countries and regions deemed Extreme Risk by red24, unless the volunteer is already in the country and insured by this plan when the country or region is elevated to Extreme Risk status. red24 cannot guarantee service in Extreme Risk areas. If you are traveling to an area that may be subject to this limitation, please contact us.

** While red24 will deploy a specialist or negotiator as needed, this benefit **does not** pay ransom amounts.

This brief summary is not an insurance policy; rather, it outlines some of the features of this coverage. For specific details, please contact our office or refer to the policy. This is not a major medical policy. Major Medical Coverage is available for individuals and groups on Short-Term and Long-Term international assignments. An Aggregate Limit of \$20,000,000 applies to the above benefits. This limit provides the full \$100,000 AD&D benefit for up to 200 persons in a common accident.

To secure coverage, complete the enrollment form and return along with your check made payable to: Gallagher Charitable International Insurance Services. In computing the number of days, count the departure day as well as the day of return. If the entire group is not traveling on the same dates, please attach a separate sheet grouping the volunteers by their travel dates.



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Gallagher Charitable

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