

HEALTH CHECK:

1. Briefly describe your level of physical fitness. _____

2. Do you participate in or exercise regularly? Yes No

3. Are you currently taking any medication? Yes No

If yes, please list and explain. _____

4. Are you currently under the care of a physician? Yes No

If yes, please explain. _____

5. Do you have any allergies to medicine, food, or anything else? Yes No

If yes, please list and explain. _____

6. Do you have any special diet needs? Yes No

If yes, please list and explain. _____

7. Have you ever been hospitalized or treated for alcohol or substance abuse? Yes No

If yes, please explain. _____

8. Have you ever been convicted of a felony? Yes No

If yes, please list and explain. _____

9. Do you have a blood disease? Yes No

If yes, please explain. _____

If you prefer to explain privately, please email Pastor Joe at jhobbs@thegrove.cc.

10. Please explain any other pertinent health information that trek leaders should know before or during a trek.

THE GROVE COMMUNITY CHURCH
MEDICAL HISTORY FORM

Name (as it appears on your passport): Last: _____ First: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____

Driver's License Number: _____ Passport Number: _____

Issue Date: _____ Expiration Date: _____

Emergency Contact: _____ Relationship: _____ Phone Number: () _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Health History (Check, giving approximate dates)

- | | | |
|---|--|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Surgery (Major) |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Accidents (Major) |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Orthopedic Defects |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Psychological/Mental Disorder |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Head Injury | |
| <input type="checkbox"/> Other (please explain) _____ | | |

Have you been exposed to contagious disease in past two weeks? Yes No If yes, please explain: _____

Date of last dental check-up: _____

SUBJECT TO: (Check all that apply)

- | | | | |
|---|-------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Colds |
| <input type="checkbox"/> Sore Throats | <input type="checkbox"/> Fainting | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Allergies | <input type="checkbox"/> Stomach Upsets | <input type="checkbox"/> Headaches |

ALLERGIC REACTIONS:

- Aspirin
 Penicillin
 Bee Stings
 Foods (please list) _____

 Other (please explain) _____

IMMUNIZATIONS (Dates of Last)

- Tetanus
 Diphtheria
 Whooping Cough
 Polio
 Measles

Signature: _____

Date: _____

**THE GROVE COMMUNITY CHURCH
RELEASE OF LIABILITY FORM**

RELEASE/DISCLAIMER OF LIABILITY

I, _____, in consideration of the benefits derived from my participation with The Grove Community Church's activities, games, services, functions, etc., do hereby voluntarily release, acquit and forever discharge The Grove Community Church and its pastors, elders, officers, employees, and agents, from all manner of suits, actions, claims, demands and liabilities which may arise from my participation in these activities and functions on The Grove Community Church grounds or places that are traveled to for services, activities, etc.

I recognize that the conditions in some of the places to which I will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks, as well as other risks, to me and my property, and I enter into participation in the trip with knowledge of those risks.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal or property damages, arising out of my participation in any such activity.

No provision of this document shall, in any way, limit my right to make claims against persons other than The Grove Community Church, its pastors, its elders, officers, employees and agents.

Name: _____

Signature: _____ Date: _____

ADDITIONAL INFORMATION:

Insurance Carrier: _____

Carrier Address: _____

Insurance Card Number: _____ Insurance Company Phone: _____

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____

Is there anything you need to tell us in confidence? Yes No

If there are other who would like to attend your selected trek who can't afford it, are you willing to help them out financially? Yes No

If yes, how much are you willing to give? _____

Is there anyone in particular to whom you would like to donate? _____

ADULT MISSIONS VOLUNTEER FORM

I, _____, in consideration of my acceptance as a participant on a mission trip sponsored by the Grove Community Church in Riverside California to _____. I represent and agree that:

1. I am a participant and not an employee of the Grove Community Church.
2. I am aware of the potential hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to injury or death by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies (in remote locations), criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks subject to any insurance coverage that may be available to me from any source. With respect to the Grove Community Church and its agents, officers, volunteers, directors, and employees, I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release the Grove Community Church and its agents, officers, directors, and employees from any liability that I may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with missionary service. 2 Corinthians 11:23-28.
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
5. I am aware of the hazards and risks to my person associated with participation in a short-term mission trip, as described above. I further understand that the Grove Community Church does not have any insurance coverage that would apply in the event of my illness, injury or death, or damage to my property that may occur during my participation on the trip, and that if I desire insurance coverage I am responsible for the cost and arrangements for such insurance.
6. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Signature: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____