



PLEASE PRINT NEATLY!

Name of Applicant \_\_\_\_\_  
Last First M.I.

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

ID or Driver's Lic. # \_\_\_\_\_ State of Issue \_\_\_\_\_

Do you have a current passport? Yes No Passport # & Exp Date: \_\_\_\_\_

(Note: In accordance with Public Law 107-56, "The Patriot Act", please ensure that the expiration date on your passport is greater than 6 months past the return date of your travel.)

Please check your level of proficiency in Spanish: Excellent  Very Good  Good  Fair  None

Chiropractic College Year of Graduation: \_\_\_\_\_ Clinic Level \_\_\_\_\_

Do you have any dietary or medical restrictions? Yes  No  If "Yes", Please explain:

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact

In the event of an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address and phone if different from above:

\_\_\_\_\_

Please describe prior international travel experiences you have had: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Please number the chiropractic techniques you use in patient care, in order of most frequent with "1" indicating the technique most often used and so forth:

- |                 |                       |                              |
|-----------------|-----------------------|------------------------------|
| ___ Gonstead    | ___ Atlas Orthogonal  | ___ SOT                      |
| ___ Diversified | ___ NUCCA             | ___ Pettibon                 |
| ___ Thompson    | ___ Logan Basic       | ___ Upper Cervical (Toggle)  |
| ___ Activator   | ___ Pierce-Stillwagon | ___ Lumbar Flex./Distraction |
| ___ Blair       | ___ Other _____       |                              |

Briefly describe why you would like to participate in a Spinal Missions trip and how you will contribute toward the goals and objectives of the group:

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Please attach a photo with your completed application. Your application will not be considered complete without it. (This photo will be used to identify you at the airport.)

T-Shirt Size:            S                     M                     L                     XL

**Package with 7 Nights Hotel: (Flight Not Included to San Salvador, El Salvador; Airport code SAL)**

- \$485\*\*\* (Early Registration)             \$550\*\*\* (After April 1<sup>th</sup>, 2010)

You may also mail completed registration form with a check (money order, certified check) made payable to Spinal Missions it:

**Spinal Missions  
2561 Spencers Trace  
Marietta, GA 30062**

Paypal is available for payment with a \$10 surcharge. Please contact us for an invoice.

**\*\*\* REFUND POLICY: All fees are NON-REFUNDABLE in any circumstance.\*\*\***



## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

### Spinal Missions

1. In consideration for receiving permission to participate in the Mission Trip I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, Spinal Missions. Spinal Missions, their officers, agents, servants, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.
2. I am fully aware of the unusual risks involved and hazards connected with this activity, including but not limited to travel risks and/or death. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage of property owned by me, as a result of being engaged in such activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. I understand that all fees are non-refundable.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
4. I understand that Spinal Missions does not maintain any insurance policy, As such, I am aware that I should review my personal insurance portfolio.
5. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Georgia.
6. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

### PARTICIPANT

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature