



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: _____



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