



Trip dates _____ Destination : _____ Mexico • Sponsored by UKANDU inc.

UKANDU Youth Mission Trip Participant Registration

Personal Information

Name _____ Phone numbers (____) _____
 Address _____
 City _____ State _____ Zip _____ E-mail address _____
 Home Church _____ Pastor _____ Phone (____) _____
 Parent's Name _____ Work phone _____
 Age _____ • Grade in School _____ • Sex male female • Prior work project experience yes no
 Do you speak Spanish? yes no a little **Why:** Explain why you wish to go on this work project.

I have reviewed this form; all is correct; and I certify the participation of this candidate.

Pastor/Group leader signature _____ Date _____

Adults Only:

I certify the above information is correct and that I HAVE READ THE LIABILITY WAIVER AND RELEASE ON THE REVERSE SIDE AND UNDERSTAND ITS CONTENTS. I AGREE TO ITS TERMS AND SIGN THIS OF MY OWN FREE ACT AND DEED. In the case of emergency, I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery when needed. I understand that every reasonable effort will be made to contact my family before these actions are taken.

(Signature & date) _____

Parent/Guardian Release:

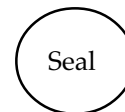
As the parent/guardian of the above stated/named minor, I give my permission for him/her to participate in the UKANDU Youth Mission Work Project with UKANDU inc. I certify the above information is correct and I HAVE READ THE LIABILITY WAIVER AND RELEASE ON THE REVERSE SIDE AND UNDERSTAND ITS CONTENTS. I AGREE TO ITS TERMS AND SIGN THIS OF MY OWN FREE ACT AND DEED. In an emergency, I do hereby give my permission to employ physicians, surgeons, dentists, nurses or other health care personnel as may deem necessary to hospitalize, anesthetize, diagnostically test or perform surgery on the minor named above. I understand that every possible effort will be made to contact me at the numbers listed above before these actions will be taken.

(Signature & date) _____

Relationship to above listed participant _____

Notarization

Please notarize below



State of _____

County of _____

Sworn to and subscribed to me
this _____ day of _____

Signature _____

My commission expires _____

Emergency Contact

Name _____
 Phone (____) _____
 Address _____ Zip _____
 City _____ State _____
 Relationship _____
 Insurance Co _____
 Policy # _____
 Date of last Tetanus shot _____

Medical Information

Be sure to take ample supply of any regular medication for your length of stay and written permission from your doctor.

Check any that apply

- Allergies Asthma Bee reactions
- Diabetes Dizziness Epilepsy
- Hay Fever Heart High blood pressure
- Penicillin allergy Pregnant
- Handicap/disability Respiratory
- Other _____

Liability Waiver & Release

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In consideration of being allowed to participate in the UKANDU Youth Mission Work Project ("Work Project") sponsored by UKANDU inc. coordinated through Latin American Lutheran Mission; in consideration of the benefits derived therefrom, I ON BEHALF AND, IF APPLICABLE, ON BEHALF OF THE MINOR NAMED ON THE REVERSE SIDE (THE "MINOR"), HEREBY RELEASE UKANDU inc., BETHANY LUTHERAN CHURCH, LATIN AMERICAN LUTHERAN MISSION, THE TEXAS DISTRICT, THE LUTHERAN CHURCH MISSOURI SYNOD, AND THEIR PRESENT AND FORMER TRUSTEES, OFFICERS, DIRECTORS, BOARDS, MEMBERS, AGENTS, EMPLOYEES, AND THEIR HEIRS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, AND ASSIGNS FROM ALL DEMANDS, ACTIONS, SUITS, PROCEEDINGS, DAMAGES, CLAIMS, AND LIABILITIES OF ANY KIND, WHETHER KNOWN OR UNKNOWN, WHICH ARISE FROM OR ARE CONNECTED IN ANY WAY WITH MY OR THE MINOR'S PARTICIPATION IN THE WORK PROJECT.

I am aware that in addition to typical work project activities such as Bible study, worship, sight-seeing, using private and public transportation, and meal functions; that I or the Minor may be asked to participate in various other activities that may involve some risks, such as painting, plastering, repairing, cleaning, simple construction, and landscaping churches, schools, hospitals, and other service projects in addition to recreational activities. I have read the information materials about this Work Project and the site and understand the risks involved in the planned activities. I recognize that the conditions, equipment, or standards in some places which I or the Minor will travel are not the same quality level or standard as the conditions, equipment or standard to which I am accustomed. I realize further that there are certain health risks as well as other risks to me or the Minor and our property. I enter into participation in this Work Project with knowledge of those risks and acceptance of the responsibility for any harm, injury or damage resulting therefrom. If for any reason I am unable to complete my stay at the Work Project, I assume full responsibility for expenses incurred for my return home.

In the event of an emergency, I hereby authorize a leader of this Work Project, as an agent for me or the Minor, to consent to: any x-ray examination; medical, dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect to be contacted or my family to be contacted as soon as possible.

I UNDERSTAND THAT THIS DOCUMENT CONSTITUTES A FULL AND COMPLETE WAIVER AND RELEASE OF ANY AND ALL POSSIBLE CLAIMS FOR ANY ACT OR OMISSION, INCLUDING CLAIMS FOR NEGLIGENCE REGARDING INJURY OR PROPERTY DAMAGES ARISING OUT OF MY OR THE MINOR'S PARTICIPATION IN THE WORK PROJECT.

I UNDERSTAND THAT THIS RELEASE APPLIES TO, COVERS, AND INCLUDES UNKNOWN, UNFORESEEN, UNANTICIPATED, AND UNSUSPECTED RISKS, DAMAGES, LOSSES, OR LIABILITIES AND THE CONSEQUENCES THEREOF, WHICH RESULT FROM THE MATTERS HEREIN BEFORE INFERRED TO AS WELL AS THOSE THAT ARE NOT DISCLOSED AND KNOWN TO EXIST. THE PROVISIONS OF ANY STATE, FEDERAL, LOCAL OR TERRITORIAL LAW OR STATUTE PROVIDING IN SUBSTANCE THAT RELEASES SHALL NOT EXTEND TO CLAIMS OR DAMAGES WHICH ARE UNKNOWN OR UNSUSPECTED TO EXIST AT THE TIME ARE HEREBY EXPRESSLY WAIVED BY ME.

FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE, AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS UKANDU inc., BETHANY LUTHERAN CHURCH, LATIN AMERICAN LUTHERAN MISSION, THE TEXAS DISTRICT, THE LUTHERAN CHURCH MISSOURI SYNOD, AND THEIR AGENTS, SERVANTS, SUCCESSORS, ASSIGNS, BOARDS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS, OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BOUGHT BY ME OR THE MINOR OR ON OUR BEHALF, RELATED TO OR RESULTING FROM ANY OCCURRENCE, ACT OR OMISSION, DURING THE WORK PROJECT, OR TRAVEL TO AND FROM THE SAME.

I ALSO HEREBY RELEASE AND WAIVE ANY AND ALL CLAIMS FOR LIABILITY AGAINST ANY OF THE HOST CHURCH, HOST INSTITUTIONS, AND THE EMPLOYEES, AGENTS, OFFICERS, DIRECTORS, SHAREHOLDERS, CONTRACTORS AND ASSIGNS OF SUCH HOST CHURCH OR HOST INSTITUTION OR THE OWNER OF ANY SITES THAT I OR THE MINOR MAY WORK AT DURING THE WORK PROJECT.

By acceptance of participation in the UKANDU Youth Mission Work Project, the undersigned agrees to the forgoing and also agrees that UKANDU inc., Bethany Lutheran Church, Latin American Lutheran Mission, The Texas District, and the Lutheran Church Missouri Synod, and their employees and other representatives, shall not be liable for loss, damage, injury or inconvenience caused by or resulting from the malfunction of transportation, equipment, strikes, acts of God, acts of war or insurrection, fire, delays, theft or itinerary or schedule changes or cancellations.

I certify that I am of lawful age and competent to sign this Release, or that I have all right, power and authority to do so on behalf of the Minor, that I understand its contents and that I have signed this release voluntarily.