



True Vine Togo

**P.O Box: 1173
Lake Stevens, WA, 98258**

Short Term Project Trip Registration

Full Legal Name: _____

Address: _____

Phone: _____ Email: _____

Sex: M F Date of Birth: ____/____/____ / (MM/DD/YYYY)

Please indicate areas of service that you are willing to assist in:

Prayer Lead Bible Study Agricultural/Gardening Teach hygiene & conservation
Teach HIV/AIDS prevention

Other: _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone: _____

Address _____

Relationship to you: _____

Family Doctor's Name: _____

Address: _____

Phone: _____ Email: _____

Insurance Company: _____

Policy #: _____

Check any that apply:

Major Medical Life Evacuation

Blood Type: _____

Please indicate any special medical conditions or limitations of which you would like to make us aware: _____

Do you have any food/medical allergies or physical conditions your team leader needs to know about? Be specific: _____

Medication you may be taking: _____

If possible, is there anyone with whom you would prefer to share accommodations?

Indemnity/Hold Harmless/Release Agreement

I, _____ (name of participant), understand that travel into Togo offers an unfamiliar and unique environment and risk of injury to both persons and property are inherent. I understand that, by my participating in the ministry of True Vine Togo, I willingly and freely accept these risks.

I am aware of the potential hazards and risks to my person and property associated with serving in a mission's capacity: such hazards and risks including, but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of possibility of such risks, and I voluntarily assume all responsibility of death, injury, illness, and/or damage to myself and my property.

I do hereby release True Vine Togo, its Board of Directors, its donors, and staff members from any liability whatsoever arising out of an injury, damage, or loss which may be sustained by me during the course of involvement with True Vine Togo. I understand that I am responsible for providing Medical and accident insurance while participating in True Vine Togo programs.

Signature of Applicant _____ Date _____