

**Dirty Feet Missions  
Minor Release Form (under 18 years old)**

**Release of claims and holds harmless for future accidental injuries or death of minor and  
authorization for medical/dental care to minor.**

1. I, the undersigned, the parent or legal guardian of the minor listed below:

\_\_\_\_\_ (minors full name)

\_\_\_\_\_ (date of birth)

give permission for the above minor to participate in Dirty Feet Missions trip to \_\_\_\_\_

2. I have inquired about the activity to my satisfaction and am aware of inherent dangers of the above activity.
3. By signing this form, I understand and agree that Dirty Feet Missions and or its affiliates and or the organization, officers, trustees, agents, volunteers and/or employees may not be held liable in any way for any occurrence in connection with the above activity which may result in injury, death or other damages to the minor or his or her heirs, family or assigns.
4. For being allowed to participate on the above activity, I on behalf of the minor personally assume all risk in connection with the activity. I release Dirty Feet Missions and or its affiliates and or the organization, officers, trustees, agents, volunteers and/or employees for any injury or damage, which may befall the minor. This release includes all risk included in this activity whether foreseen or unforeseen.
5. I authorize Dirty Feet Missions and agents to act on behalf of minor child and to consent to reasonable examination, anesthesia, surgery or any other procedure, which may be deemed necessary to minor child's medical well being for the duration of this mission.
6. I also assume all risk for and give release of liability for any financial responsibility, for any medical fees; and from liability for personal injury, including death, as well as all property damage or loss, arising out of minor child's participation in this trip.
7. I, the undersigned, assert that I have legal custody or am the legal guardian of the minor listed above. I have read, understand and agree with this release form.

\_\_\_\_\_ (signature of parent or legal guardian)

\_\_\_\_\_ date

\_\_\_\_\_ Date of Birth    /    /     
Printed name

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, the undersigned, a NOTARY Public in and for the said county and state \_\_\_\_\_  
20\_\_ , personally appeared \_\_\_\_\_ to me known to be the identical person  
who executed the within forgoing instrument, and acknowledged to me that he/she executed the same as his/her free  
and voluntary act and deed , for the uses and purposes therein set forth.

Given my hand and seal of office the day and year above written.

\_\_\_\_\_  
Signature

My commission expires: \_\_\_\_\_

**Dirty Feet Missions  
Release Form  
(18 years or older)**

WHEREAS, I wish to be a member of **DIRTY FEET MISSIONS** missionary trip, which will travel to \_\_\_\_\_ and, WHEREAS, certain circumstances and situations may occur resulting in my need for medical/dental care and treatment and further resulting in my inability to personally give consent for such care and treatment. THEREFORE,

1. In consideration of permission to participate in said mission and being of legal age, I authorize DIRTY FEET MISSIONS and agents to act on my behalf should I be unable to do so and to consent to reasonable examination, anesthesia, surgery or any other procedure, which may be deemed necessary to my medical well being for the duration of this mission.
2. This consent is given in advance of any specific diagnosis, treatment, surgery or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment or care on my behalf in the event that I am unable for any reason to give such consent.
3. Any consent by the person named above or the person acting in his/her place shall have the same force and effect as if I had personally given the consent.
4. For being allowed to participate in said trip, I personally assume all risk associated with the activity. I hereby release, hold harmless and indemnify DIRTY FEET MISSIONS and or its affiliates and or the organization, officers, trustees, agents, volunteers and/or employees from any liability for personal injury, including death as a result of medical/dental treatment given pursuant to this consent. I also assume all risk for and give release of liability for any financial responsibility, for any medical fees; and from liability for personal injury, including death, as well as all property damage or loss, arising out of my participation in this trip.
5. I have read, understand and agree with this release form.
6. This release form includes all risk associated with the subject activity, whether foreseen or unforeseen.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date of Birth \_\_ / \_\_ / \_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, the undersigned, a NOTARY Public in and for the said county and state \_\_\_\_\_  
20\_\_, personally appeared \_\_\_\_\_ to me known to be the identical person who executed the within forgoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed , for the uses and purposes therein set forth.

Given my hand and seal of office the day and year above written.

\_\_\_\_\_  
Signature

My commission expires: \_\_\_\_\_

## medical history

name \_\_\_\_\_ age \_\_\_\_\_ birthday \_\_\_/\_\_\_/\_\_\_  
address \_\_\_\_\_  
city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_  
sex: \_\_\_m \_\_\_f weight \_\_\_\_\_ height \_\_\_\_\_ blood type \_\_\_\_\_

medical insurance policy name \_\_\_\_\_  
policy # \_\_\_\_\_

in case of emergency contact:

name \_\_\_\_\_ relationship \_\_\_\_\_  
phone \_\_\_\_\_ cell phone \_\_\_\_\_

name \_\_\_\_\_ relationship \_\_\_\_\_  
phone \_\_\_\_\_ cell phone \_\_\_\_\_

### **please complete the following questions:**

Are all of your immunizations shots as well as tetanus shot up to date? \_\_\_\_\_

Are you currently taking any prescription medicine? \_\_\_\_\_ If yes, please list.

\_\_\_\_\_

Do you have any food, medication or product allergies? \_\_\_\_\_ If yes, please list:

\_\_\_\_\_

Are you currently under a physicians care for a sickness/illness? \_\_\_ If yes, please explain. \_\_\_\_\_

How would you rate your current physical condition? excellent \_\_\_ good \_\_\_ fair \_\_\_

Please provide any details pertaining to your health not covered by the above questions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

applicant's signature

\_\_\_\_\_

parent/guardian signature (if under 18)

## **trip commitments**

*Dirty Feet Missions partners with various mission bases all over the world where there are diverse beliefs and cultures. We are there to serve. Therefore, it is the policy of DFM to adhere to the rules and regulations of the mission base we are currently serving.*

- I will never go anywhere alone.
- I will not have any romantic involvement of any kind.
- I will eat at every meal.
- I will treat all team members with respect.
- I will not use profanity or behave with crude or rude behavior.
- I will not fight.
- I will not cause strife.
- I will not bring or listen to explicit music.
- I will let my team leader know where I am going at all times.
- I will obey all rules and regulations that are set down by the mission base I am serving.

*I have read the trip commitments and agree to adhere to them. I understand that infractions of these rules may result in my early dismissal from the trip at my own expense.*

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*signature*

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*parent/guardian signature (if under 18)*

Dirty Feet Missions  
Disclaimer Form

I understand that if any condition arises that would prevent or postpone travel to applied destination that is out of the control of Dirty Feet Missions and it's representatives such as acts of nature (hurricanes, storms, earthquakes etc.), cancellation by mission base, change in airline itinerary or travel advisory due to safety or health issues that all or a portion of money that has been paid may not be refundable.

\_\_\_\_\_

print name

\_\_\_\_\_

date

\_\_\_\_\_

signature

\_\_\_\_\_

notary

Please note that DFM will do everything possible to re-schedule or re-direct your trip to another location or refund any money possible should this occur.