



TEAM MEMBER HEALTH HISTORY FORM

Please notify your team leader of **ANY** health issue that may impact your ability to travel and fully participate in this trip. Up-to-date health information is **critical** to your safety, if you have additional health or medical information that is not included in the form; please add additional pages as necessary.

NAME: _____ DOB: _____

EMERGENCY CONTACT _____ CONTACT'S PHONE # _____

MEDICAL/HEALTH PROBLEMS:

MEDICATIONS:

ALLERGIES:

DIETARY NEEDS:

PHYSICAL LIMITATIONS/ CONCERNS: These are concerns that may not seem serious but would be important for the trip leaders to know i.e. easily fatigued or uncomfortable walking on uneven ground.

Signed _____ Date _____

***Signature of Parent/Legal Guardian of minor _____



PARTICIPANT LIABILITY RELEASE

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Good News Project.

I, _____ acknowledge and state the following:
(Print)

1. I have **chosen** to travel with Good News Project to assist in building homes and building relationships with local people from the islands we serve.
2. I understand that some of this work entails a risk of **physical injury** and often involves lengthy durations of physical labor, heavy lifting and other strenuous activities; and that some of these activities, even less strenuous ones such as visiting institutions, will likely take place on uneven and hilly terrain. I certify that I am in **good health and physically able to perform** this type of work.
3. I understand that I am engaging in this project at my own risk. **I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project and related medical cost and expenses.**
4. I am willing to assist in day to day tasks that are needed when living in a community setting (i.e. preparing meals, sweeping, doing the dishes)

Signature: _____ Date _____

Witness: _____ Phone _____