

**FORM D: INDIVIDUAL'S TEAM MEMBERS' INFORMATION** (For Adult, 2024)

Church or Group Name: \_\_\_\_\_  
 Participant's name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
**T-SHIRT:** Please circle Size: Small Med Large X-Large XX-Large

**MINISTRY ROLE:** My ministry role/responsibility on this mission trip is:  
 \_\_\_\_\_

**SPANISH LEVEL:** Please Circle:  
 1 – None 2 – Few Words 3 – I can ask questions 4 – I can converse 5 – I am fluent

**CONSTRUCTION EXPERIENCE.** Please Check:  
 \_\_\_ I am planning to be a general laborer to work wherever needed by the missionary!  
**OR** I have the following construction trade/skills: (Please check all that apply)  
 \_\_\_ Electrical; \_\_\_ Plumbing; \_\_\_ Carpentry; \_\_\_ Masonry; \_\_\_ Concrete;  
 \_\_\_ Painting; \_\_\_ other construction skills: \_\_\_\_\_

**SPECIAL NEEDS:** Please advise us of any medical conditions that you may have.

CONDITION	MEDICATION

**TESTIMONY:** Describe your relationship with God. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CALLING:** How has God led you to go to Mexico? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## **Form E – (For ADULT) - WAIVER AND RELEASE OF LIABILITY (“RELEASE”) For 2024 MISSION TRIPS WITH MEXICAN MEDICAL, INC.**

***THIS DOCUMENT AFFECTS IMPORTANT LEGAL RIGHTS. PLEASE READ IT CAREFULLY.***

1. Mexican Medical, Inc. (“MMI”) is a non-profit, charitable corporation which assists in the provision of medical, surgical, construction and other services for indigent persons in Mexico. These services are provided by qualified medical and support personnel and other volunteers who donate their time and services. The services are provided in remote locations. I am volunteering my time and services to such ministry activities.
2. I understand and acknowledge that I will be driving or traveling with other volunteers who will be driving me to the site of ministry activity. Neither I nor such a driver is an employee of or controlled by MMI, but rather is another volunteer in the ministry activity who has elected to drive to the ministry activity in lieu of making other arrangements for his or her personal transportation. I further understand and acknowledge that the Driver alone will determine certain aspects of the operation of the vehicle, travel and other details of the trip.
3. I understand that instead of arranging to travel with volunteer Drivers, I may make alternative arrangements to secure public or other transportation to the site of ministry activities. I understand that I have other alternatives for transportation. I understand that MMI does not require me to travel as a passenger with the volunteer Driver in order for me to participate in the ministry activities for which I am volunteering.
4. I understand and acknowledge that all volunteers are completely responsible for their own suitability to travel by ground to the site of ministry activities and to participate in ministry activities and that I am strongly encouraged to consult a physician prior to departure should I have any concerns regarding my suitability to travel or participate in ministry activities. I understand that I will be traveling by ground, lodging and working in a country other than the United States and may face additional risks in doing so.
5. I understand and acknowledge that MMI does not maintain insurance with respect to ministry activities or the travel described above. I understand and acknowledge that any applicable liability insurance carried by me or any volunteer Driver with whom I travel will be the sole source of insurance funds available to me or my survivors in the event of an accident or death which may occur in the course of such travel.
6. I understand and acknowledge that MMI has no workers’ compensation coverage applicable to my work as a volunteer. While I am working in Mexico or elsewhere on a MMI mission, I am not covered by workers’ compensation insurance or any other type of insurance provided by MMI. I understand and acknowledge that as a volunteer on a MMI mission, I am not an employee of MMI.
7. I understand and acknowledge that I am not to transport any medication (due to strict Customs’ restrictions that I might not be aware of) in support of the ministry activity without clearing the items with MMI. This medicine restriction does not include any medications that I have in my possession for personal use, but in the event such personal use medication is a prescription medication, I shall have in my possession a copy of the prescription or a medical container clearly identified with my name.
8. I understand and acknowledge that my travel to or from Mexico, and work at a MMI ministry site necessarily entails a risk of great bodily injury or death. Such risks arise from a number of sources including, but not limited to, accidents or breakdowns involving other modes of transportation, such as by van or car, the possibility of contaminated fuel, hostile environment or government activities, criminal activities, terrorist acts, lack of sufficient security or other causes, illness or a combination of such events. I voluntarily, expressly agree to assume all risks of injuries or illness, however caused, even if caused in whole or part by the action, inaction or negligence of MMI or any and all or other released parties, to the fullest extent allowed by law.
9. In consideration for my opportunity to participate in this ministry activity, and for other consideration set forth above, on behalf of my heirs, executors, successors, assigns, agents, employees, attorneys, and other representatives, I hereby release and forever discharge Mexican Medical, Inc. and its directors, trustees, officers, employees, volunteers, agents, attorneys, and related persons from any and all claims, debts, liabilities, demands, obligations, costs, expenses, actions and causes of action of any nature, character and description, known or unknown, including personal injury and death, which I alone may now own or hold or at any time before this owned or held, or at any time hereafter own or hold by reason of any matter, cause or thing whatsoever, occurred, done, omitted or suffered to be done, in connection with my travel or actions related to any ministry activities or mission trip presently or hereafter sponsored or organized by MMI, or any other persons or parties released above.

10. I am advised, understand and acknowledge that California Civil Code section 1542 provides that:

“A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.”

I understand and acknowledge the significance and consequences of California Civil Code section 1542 and hereby elect to waive the benefits of its provisions, with the intent that this release shall include claims known, unknown or unsuspected.

11. I agree to hold harmless and indemnify the parties being released (as described in par. 10) from any costs or attorneys' fees that may be incurred as a result of any challenge to this Release or any legal action brought in contravention of this Agreement, in litigation resulting from my injury, death or property damage, or otherwise in connection with any trip to conduct ministry activity with MMI.
12. I understand and acknowledge that I may seek advice from legal counsel before signing this Release Agreement, and by signing this Agreement I acknowledge that I have sought the advice of legal counsel or wish now to intentionally waive the opportunity to discuss this Release with an attorney.
13. I understand and acknowledge that by signing this Agreement, I am confirming that I understand the language used in this Release. If translation of this Release or any wording contained in it is necessary, I understand that I have the ability to obtain such translation before signing the document.
14. I hereby grant permission to MMI to use, reproduce and/or distribute photographs, films, videotapes, and sound recordings of me, without compensation or approval rights, for use in materials created for the purposes of promoting or describing the activities of MMI, or otherwise.
15. This Agreement shall remain in full force and effect for the duration of the initial Ministry activities and subsequently, through December 31, 2024, unless it is revoked in writing.
16. I understand and acknowledge that this Release is a full and complete agreement, and that no other documents or other information produced apply at all to its terms of this Waiver and Liability Release. This document is a fully integrated, final and complete statement of the waiver and release of liability to which I have agreed. It may only be amended or modified in writing. If any provision of this Release is declared invalid, the remaining provisions shall remain enforceable.
17. I understand and acknowledge that this Waiver and Liability Release Agreement is a private contract entered into in California and that it shall be governed by California law regardless of where any occurrence covered by this Agreement takes place.

Dated: \_\_\_\_\_

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Printed Name]

\_\_\_\_\_  
My telephone number(s)

In the event of an emergency, if you are unable to reach me at the above number(s), contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

**Form E Coronavirus Addendum– (For ADULT) - WAIVER AND RELEASE OF LIABILITY (“RELEASE”) MISSION TRIPS WITH MEXICAN MEDICAL, INC.**

***THIS DOCUMENT AFFECTS IMPORTANT LEGAL RIGHTS. PLEASE READ IT CAREFULLY.***

I understand and acknowledge that my travel to, from, or within Mexico, and participation with Mexican Medical, Inc. (“MMI”) necessarily entails a risk of great bodily injury, death, or communicable or infectious disease, including “COVID-19” (Coronavirus/COVID-19 and any strains, variants, or mutations thereof; and SARS-CoV-2, the virus that can cause COVID-19).

I voluntarily, expressly agree to assume all risks of injury, illness, or death, however caused, even if caused in whole or part by the action, inaction or negligence of MMI or any and all or other released parties, to the fullest extent allowed by law.

I hereby forever release and waive my right to bring suit against MMI and its officers, directors, agents, employees, independent contractors, or other representatives in connection with exposure to, infection with, and/or spread of COVID-19 related to participation with MMI. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen, and that MMI bears no financial responsibility for any costs resulting from such injury, illness, or death.

I hereby attest that:

- I will not participate with MMI if I believe I have been exposed to someone with a suspected and/or confirmed case of COVID-19 within 7 days prior to the scheduled start of participation, unless I have tested negative at least five days after exposure..
- I will not participate with MMI if I am newly experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, shivering, muscle pain, headache, sore throat, or loss of taste or smell.
- If I have ever had a suspected or confirmed case of COVID-19, I will only participate with MMI after being cleared as non-contagious by state or local public health authorities.
- I agree to abide by disease prevention regulations and protocol (including, but not limited to, handwashing, physical distancing, usage of face coverings, etc.) in effect at each location or event, whether put in place by government entities or communicated to me by MMI staff or representatives, as well as any health protocols required for entering Mexico or returning to the US (such as proof of negative COVID-19 test or other requirement in effect at the time of travel).
- I recognize that my participation with MMI will most likely involve exposure to individuals who have not been vaccinated against COVID-19.
- I am aware that the World Health Organization, Centers for Disease Control and Prevention, and other entities, advise that vaccination against COVID-19 can reduce the risk of serious illness or death resulting from COVID-19.

By signing below, I certify that: (1) I fully and completely read and understand this Coronavirus Addendum–Waiver and Release of Liability; (2) I am 18 years of age or older; and (3) I consent and agree to all of the foregoing on behalf of myself identified below.

Date: \_\_\_\_\_

\_\_\_\_\_ [Signature]

\_\_\_\_\_ [Printed Name]

## FORM F: CONSENT FOR MEDICAL TREATMENT

- This form must be filled out and signed by **ALL volunteers**.
- A **copy** must be sent to MM headquarters one month **prior to your trip**.
- The *original* Consent for Medical Treatment **must remain with the applicant at all times** while traveling in Mexico.

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### CONSENT FOR MEDICAL TREATMENT

I/We hereby agree to the performance of any emergency medical treatment, anesthetics and operations deemed necessary by an attending physician on \_\_\_\_\_.  
(applicant name)

I realize this authority is being granted for domestic and non-domestic territory. I understand that I/we are responsible for providing medical and accident insurance to cover the activities of our son/daughter/ward while participating in Mexican Medical's programs.

\_\_\_\_\_  
PRINT NAME OF APPLICANT

\_\_\_\_\_  
EMERGENCY CONTACT  
NAME & PHONE #  
(someone not on trip)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of father (if applicant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of mother (if applicant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of legal guardian (if applicant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print the name of your insurance company

\_\_\_\_\_  
Policy No.

\_\_\_\_\_  
Phone number of insurance company

\_\_\_\_\_  
Church / Group Name

\_\_\_\_\_  
Date of Mission Trip

\_\_\_\_\_  
Group Leader's Name (Please print)