

Time On The Mountain Ministries Health History Form

The proposed program provided by Time On The Mountain Ministries requires participation in physical activities which are, by their nature, physically demanding. Many of the activities will challenge you, of which can cause surges in blood pressure and heart rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities.

Name: _____ Birth date: _____ Age: _____

Health History: Circle the appropriate response and describe any yes answers. Please use back of paper if needed.

*Have you had or do you currently have any heart problems, i.e., strokes, heart attacks, and/or heart related diseases?
Yes No

*Do you frequently suffer from pains/pressure in your chest? _____ Yes No

*Do you often feel faint or have spells of severe dizziness? _____ Yes No

*Has a doctor ever told you that you have high blood pressure? _____ Yes No

*Are you a smoker? If so, for how long? _____ Yes No

*Do you have arthritis, joint or back problems that might be aggravated by exercise? _____ Yes No

*Have you had any operations, serious injuries or illnesses? (dates) _____ Yes No

*Do you have any disabilities or communicable diseases? _____ Yes No

Are you allergic to any medicines, insects or pollen? _____ Yes No

Are you allergic to any foods? _____ Yes No

*Do you have asthma? _____ Yes No

*Do you have epilepsy? _____ Yes No

*Do you have diabetes? _____ Yes No

Do you have any prescribed meal plan or restrictions? _____ Yes No

Are you currently sick and/or using a medication not listed above? _____ Yes No

List any activities to be limited or prohibited? _____

Suggestions or health related information for T.M.M. Personnel: _____

*If you answer yes, we will contact the contact person and/or you to discuss whether or not you will need a pass from a doctor.

This health history is correct so far as I know, and person herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by Time On The Mountain Ministries, its agents, staff, or volunteers or order x-rays, routine tests and treatment as well as injection and/or anesthesia and/or surgery for me or my child as named above. Such authorization for emergency treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging evacuation if Time On The Mountain Ministries, its agents, staff, or volunteers, determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide with the restrictions placed on my activities.

Print name of participant: _____

Signature of participant: _____

Signature of Parent/Guardian (if under 18): _____

Date: _____

**TIME ON THE MOUNTAIN MINISTRIES
MEDICAL RELEASE FORM**

(Please print clearly with blue or black ink)

Every camper must have medical insurance

Date of Trip: _____

Name: _____ Date of Birth: _____

I request that in my absence the above-named be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor.

PERSON TO BE NOTIFIED IN CASE OF ILLNESS OR INJURY

Mother's Name: _____

Father's Name: _____

Legal Guardian (if applicable): _____

Home Phone#: (____) _____ Work phone#: (____) _____

Physician's name: _____

Physician's Phone#: _____

INSURANCE INFORMATION

Photo copy of insurance card is required

Insurance company: _____ Policy of certificate #: _____

Group #: _____

NOTE: If camper does not have medical insurance they will have to buy short-term medical insurance. (www.insuremytrip.com and other sites are available)

Signature of Participant: _____

Signature of Parent/Guardian (if under 18): _____

**TIME ON THE MOUNTAIN MINISTRIES PHOTO/VIDEO
RELEASE FORM**

I hereby give permission for images of my child, captured during trips or camps with Time On The Mountain Ministries through, but not limited to, video, photo and digital camera. These images will be used solely for the purpose of promoting Time On The Mountain Ministries future trips and activities through, but not limited to, speaking engagements, web sites and articles. I hereby waive any rights of compensation or ownership to these pictures or videos.

Signature of Participant: _____

Name of Parent/Guardian (Please Print): _____

Parent/Guardian's Signature: _____

Date: _____

GlobeWorks International Ministries, Inc.

STATE OF ALABAMA)

COUNTY JEFFERSON)

GENERAL RELEASE

The undersigned, who will voluntarily participate in the following activity sponsored in whole or in part by Globeworks Ministries International Inc., hereby forever releases and discharges Globeworks Ministries International, Inc., its directors, and employees from any and all claims, actions, suits, demands, liabilities, judgments, and proceedings both at law and in equity arising from the activity as more particularly described as: _____

This release is voluntarily entered into by the undersigned in consideration of providing the activity described above. This release shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

Dated: _____

Releasor