

**Registration Form/Release of Liability/Authorization for Medical Treatment (Form 1)
Mexico Housebuilding Project of SHPC, June 8 - 13, 2008, W/ Ministerio de Fe**

Mission Statement of MdF:

Being grateful to God for all the Blessings He gives us, including the Good News of redemption in His Son Jesus Christ, "Faith Ministry/MDF Inc." a ministry of compassion, based on the love of our Lord Jesus Christ, is responding to the spiritual, physical, housing and other needs of the people that live in the Texas/Mexico border area and when possible, in the interior of Mexico.

Participant's Name: _____ SSN: _____

Passport # (required 2008): _____

Permanent Address: _____

Home Phone (____) _____ Business Phone (____) _____ Cell phone (____) _____

e-mail address: _____ Secondary email: _____
(Please notify your email provider to allow emails from ledbetter@dwlaw.com or you will not receive information timely)

Spanish proficiency: _____ D.O.B: _____

I can take a car, truck, van, other transportation: ____ yes ____ no Model and make: _____ # passengers: _____

As a member of SHPC and Ministerio de Fe work/retreat I am a guest in Mexico of the Mexican Christian community. While in Mexico I am a representative of that Christian community. I understand that this Mission Project will benefit both myself and a Mexican Family. Through this exchange, I will better understand the Mexican Christian Culture. I understand that there may not be travel insurance covering participants on this trip, and that my own medical insurance policy MAY NOT APPLY to foreign travel. I also understand that I am responsible for my own health, and that I should consult my personal physician about any health concerns or necessary shots or medications. I understand that working conditions will be primitive and the work team will be subject to extreme heat. I understand that it is likely that there will be no one on the mission trip with any specific background in health care. In other words, there is no guarantee that there will be a doctor, nurse, or other "treater" on this trip, or at the worksite when we are in Mexico, and I accept these terms. I also understand that I will be responsible for any documents required for cross-border travel regardless of my U.S. citizenship or otherwise.

In the event medical treatment is necessary during the mission trip, I hereby give consent to participants to secure treatment, hospitalization, anesthesia and/or surgery on my behalf (or for my minor child). I understand that I am responsible for my own medical insurance and I will not hold Shepherd of the Hills Presbyterian Church, Dripping Springs Presbyterian Church or Ministerio de Fe or their representatives liable for any injury or damage to me (or minor child) or my possessions as a result of this mission trip, **EVEN IF SUCH INJURY IS ALLEGED TO BE DUE TO NEGLIGENCE OF ANY OF THESE ENTITIES (SHPC OR MINISTERIO DE FE) OR THEIR REPRESENTATIVES.**

Signature of Participant

Date

If participant is a minor, parent must sign: I hereby give permission for my child to serve with Shepherd of the Hills Presbyterian Church and/or Ministerio de Fe in mission work.

Signature of Parent or Guardian

Date

Please include the following....

- | | |
|--|--|
| <input checked="" type="checkbox"/> Deposit of \$250/person | <input checked="" type="checkbox"/> Affidavit for parent signature if one parent is not attending (req'd for minors only) |
| <input checked="" type="checkbox"/> Registration, Release, Medical Authorization (Required for EACH participant) | <input checked="" type="checkbox"/> Affidavit for both parents' signatures if neither parent is attending (req'd for minors only). |
| <input checked="" type="checkbox"/> Medical Information (req'd for EACH) | <input checked="" type="checkbox"/> Copy of passport/ID (req'd in 2008), (under 18: copy of birth certificate, plus passport if not US citizen |
| <input checked="" type="checkbox"/> Optional Medical information (more detailed) | |
| <input checked="" type="checkbox"/> Parental Release | |

Form 2.

**SHPC Mexico Mission:
Medical Information Form–Required Form for Each Participant**

Participant's Name: _____
(Please confirm that name here matches name on insurance card.)

Address: _____

Telephone: home: _____ Office: _____ Cell: _____
Birthday: _____ Sex: M ___ F ___

Person to Contact in Case of an Emergency: _____

Contact Address & phone numbers: _____

Fax Number: _____ E-Mail: _____

Family Doctor & Phone Number: _____

List any allergies: _____

List Dietary Restrictions/Allergies: _____

List Health Restrictions/Conditions: _____

Blood Type: _____ Date of Last Tetanus Shot: _____

List Any Medication Currently Taking: _____

Purpose of These Medications: _____

HEALTH INSURANCE INFORMATION:

Employee Name: _____ Employee Social Security: _____

Group/Employer Name: _____

Group Number: _____ Co-Pay Amount: _____

Insurance Company: _____ Customer Service Number: _____

Insurance Company: _____ Address: _____

If no medical or hospital insurance, person responsible for payment: _____

MUST ATTACH PHOTOCOPY OF INSURANCE CARD (FRONT & BACK)

Person filling out form if other than participant: _____

Form 3.

**Optional Information for SHPC/MdF -
MEDICAL HISTORY**

You may submit this form in addition for the primary medical form, Form 2. Your signature below also indicates your understanding that it is likely that there will be no one on the mission trip with any specific background in health care. In other words, there is no guarantee that there will be a doctor, nurse, or other “treater” on this trip, or at the worksite once we are in Mexico. If there are other conditions that could affect your health while traveling, or while working in Mexico, please list them here, too.

Signature: _____ Date: _____

Clearly mark those which apply, if you wish for this information to be available in an emergency:

- Any problem with vision or hearing—require glasses or hearing aid
- Dizzy spells, fainting, convulsions, persistant headaches
- Frequent infection of throat, tonsils, sinuses, ear
- Chronic cough, bronchitis, bloody sputum
- Shortness of breath, or asthma on exertion
- Chest pains on exertion or deep breathing
- Palpitation of the heart, irregular heart beat, heart murmurs, or poor circulation
- Low or high blood pressure
- Frequent nausea or vomiting, food intolerances, heartburn
- Juandice or hepatitis
- Frequent diarrhea or blood in the stools
- Frequent abdominal cramps, severe menstrual cramps
- hernia
- difficulty, burning or pain while urinating, frequency in urinating, bed wetting
- Kidney infection or stones
- Chronic pain in neck, back, shoulders, arms or legs
- Broken bones, joint dislocations, serious sprains, weakness of muscles
- Joint poins, swelling or stiffness without injury
- Any severe injury to head, chest, internal organs
- Severe illness requiring hospitalization or prolonged incapacitation
- Chronic skin problems (rash-infection)
- Reaction to extremes of temperature, frostbite, impaired circulation
- Claustrophobia, agoraphobia, acrophobia (strong fear of confined places, open areas or heights)
- Continuing use of alcohol, drugs, or medicines
- Episodes of depression, anxiety, hysteria, nervousness
- History of diabetes, thyroid trouble, bleeding problems
- Currently on any medication. If so, what?
- Special dietary restrictions. Is the applicant a vegetarian/macrobiotic?
- Hypoglycemia
- Allergic to any of the following? Food _____ Drugs _____ Other _____
- Are you under treatment of a psychologist or psychiatrist?
- Had or presently have a drug-related problem?
- What is your current level of physical activity? _____
- Other conditions: _____

If you checked any of the items above, please list details below according to number. Be specific (e.g. include dates, names of medication, history of condition, etc.) Use additional paper if necessary.

Form 4

PARENTAL RELEASE FORM

(For volunteers under the age of 18)

Name of Volunteer under 18 years of age: _____

I hereby give permission for my child to serve with Shepherd of the Hills Presbyterian Church in mission work with Ministerio de Fey. In the event of an emergency during the duration of the trip, I hereby give consent for medical treatment for my child named above. I understand that this mission trip involves travel to and from the Mexican border, and travel on the Mexico side of the border; I expressly give permission for my child to enter Mexico.

I understand that I/we am/are responsible for his/her own medical insurance and will not hold Shepherd of the Hills Presbyterian Church or Ministerio de Fe liable for any injury of damage to my child while on this trip even if such injury is alleged to be due to negligence of SHPC or Ministerio de Fe or their agents, employees or representatives.

Parent/Guardian Signature: _____ (Date: _____)

Parent/Guardian Signature: _____ (Date: _____)

Home Telephone: _____ Work Telephone: _____ Cell Phones: _____

Your relationship to participant: _____

Insurance company, ID numbers, phone numbers for customer service

Does your child have any physical limitation that might affect his/her work?

List any allergies/medications: _____

Date of last tetanus shot: _____

Special needs if any: _____

NOTE: Parent/Guardian Must also sign the PARTICIPANT LIABILITY FORM & EMERGENCY MEDICAL CARE AUTHORIZATION

Return to:

Gaston Broyles or Junie Ledbetter
for Shepherd of the Hills
11800 Oak Branch Drive
Austin, TX 78737

Phone: 512-301-8357 home
513-475-4075 office
Email: ledbetter@dwlaw.com

Identification documents, 2008

Adults:

Adults should have a valid passport.

(Attach a copy and submit with your paperwork to Gaston and Junie.)

You will be responsible for your actual passport during travel.

We are told that a government issued photo ID and a birth certificate are also acceptable for 2008. A passport is highly recommended.

Under 18:

If you are under 18, you should have a passport or a certified copy of your birth certificate.

(Attach a copy of your passport or your birth certificate to your paperwork for Gaston and Junie. The adult responsible for the minor during the trip will be responsible for their paperwork during the trip.)

State of Texas
County of Travis

Parental Permission Form:

My name is _____; I am the
_____ Mother
_____ Father

of _____, a minor child.

*My child is traveling to Mexico with my permission with a group from Shepherd of
the Hills Presbyterian Church from Austin, Texas, U.S.A.*

Parent signature:

Date: _____

NOTARY

Signed this the _____ day of _____, 2008 by the person named above.

Notary signature
Printed Name: _____

State of Texas
County of Travis

Parental Permission Form:

We are the parents

of _____, a minor child.

Our child is traveling to Mexico with our permission with a group from Shepherd of the Hills Presbyterian Church from Austin, Texas, U.S.A.

Parent signature:

Father

Mother

NOTARY

Signed and witnessed by me this the _____ day of _____, 2007 by the persons named above.

Notary signature

Printed Name: _____

My Commission expires: _____