

## Fellowship of Christian Athletes – FCA Missions Participant Information & Liability Release

*Important reminder – this is a legal document!*

Please read and complete *all* pages of this document. Please understand it and verify the accuracy of information before signing. A copy of this form may be used as an original. To be filled out by the participant’s parent/guardian (if the participant is under the age of 18) or by the adult participant.

### Statement of Purpose

FCA Missions does everything possible to ensure that all participants enjoy a safe and life-changing experience. As part of our commitment to safety, we want to inform you that your trip and activities are not free from risk. These activities may include using power tools, working off the ground on ladders and roofs, camping, and many sports activities. We do not want to reduce your enthusiasm for your experience, or to cause you to be overly concerned, but we do want you to be aware of the risks that are involved with your trip.

FCA Missions further wishes to inform you that the personal information you provide will be used strictly for administrative and operating purposes. Examples may include, but are not limited to, compilation of trip rosters, record keeping for insurance purposes, and situations of professional or emergency medical treatment. The information you provide will be kept safe to the best of our ability, and we will not release or share your information for other purposes without permission from you.

### Participant Information

Participant Name (as on driver’s license) \_\_\_\_\_

Gender \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Emergency Contact

You must list three contacts in case of emergency in order of priority to be contacted.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**General Health History**

Has the participant ever been treated by a doctor for any of the following? Every item must be checked.

	Yes	No		Yes	No
Major Dental Problems	_____	_____	Dizzy Spells or Migraines	_____	_____
Skin Problems (non-acne)	_____	_____	Diarrhea or Constipation	_____	_____
Hearing or Vision Problems	_____	_____			
Kidney Problems	_____	_____	<b>Diseases</b>		
Cysts, Tumors, Growths	_____	_____	Parkinson's Disease	_____	_____
Serious Injuries	_____	_____	HIV/AIDS	_____	_____
Bone or Joint Problems	_____	_____	Tuberculosis	_____	_____
Back Problems	_____	_____	Cancer	_____	_____
Emotional Problems	_____	_____	Hepatitis	_____	_____
Disabilities	_____	_____	Other Diseases	_____	_____
Frequent Ear Infections	_____	_____			
Convulsions or Seizures	_____	_____	<b>Severe Allergies</b>		
Heart Defects or Heart Disease	_____	_____	Insect Stings	_____	_____
Bleeding or Clotting Problems	_____	_____	Foods	_____	_____
High or Low Blood Pressure	_____	_____	Drugs or Medicines	_____	_____
Hernia	_____	_____	Poison Ivy	_____	_____
Diabetes or Hypoglycemia	_____	_____	Pollens	_____	_____
Asthma or Breathing Problems	_____	_____	Other Allergies	_____	_____
Eating Disorders	_____	_____			

Operations/Serious Injuries: \_\_\_\_\_

Disabilities or Recurring Illnesses: \_\_\_\_\_

Dietary or Activity Restrictions: \_\_\_\_\_

Current Medications (with instructions): \_\_\_\_\_

Other Comments: \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Height \_\_\_\_\_      Weight \_\_\_\_\_

Physician \_\_\_\_\_      Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address, ST, Zip \_\_\_\_\_

Do you carry family medical or hospital insurance? \_\_\_\_\_      If yes, please list your policy information below.

Carrier \_\_\_\_\_      Group/Policy # \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ and their SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(NOTE: FCA Missions requires each participant to carry "International Health Coverage" Insurance. A policy will be taken out in your name by FCA Staff with your permission or you may be required to do so yourself. For additional insurance please contact FCA Missions.)

*"The FCA Vision To see the world impacted for Jesus Christ through the influence of athletes and coaches."*

**Fellowship of Christian Athlete Covenant**

*To be filled out by the FCA Participant.* Please sign your initials on the line to the left of each statement once you have read it. After you have completed reading the entire covenant, sign at the bottom and if you are under 18, your parent/guardian must sign also.

- \_\_\_\_\_ 1. I will make every effort to meet the deadlines for turning in my money and know that I may be removed from the team if this is not fulfilled. (All money turned in is non-refundable.)
- \_\_\_\_\_ 2. As a team member, I will work under the leadership of the FCA. FCA Staff and my team leaders, following the behavioral, spiritual, and safety guidelines that are given to our team.
- \_\_\_\_\_ 3. I will not complain during the trip and/or cause dissension.
- \_\_\_\_\_ 4. I understand that I am not to pursue any romantic interest or develop any "special relationship" during this trip (be physical with this person in any way). Should I become interested in anyone during the trip, I understand that I may tell a team leader about this interest if I so choose, but that I may **not** discuss it with this person or with any other participant during the trip.
- \_\_\_\_\_ 5. I will follow the team's and the culture's dress codes.
- \_\_\_\_\_ 6. I will be sensitive to the practices, food, and living situations of the culture that I am visiting. I will not criticize or complain.
- \_\_\_\_\_ 7. I understand that I may be sent back to the U.S. at my own expense if I'm unable or unwilling to meet the above conditions.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(under 18)

**Travel Release for Participants Under Age 18**

I, \_\_\_\_\_, give my permission for my daughter/son \_\_\_\_\_ to travel with FCA Missions, while on this mission trip with FCA in \_\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_ Printed Name of Parent/Guardian \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known or produced identification.

Notary Signature \_\_\_\_\_ My commission expires: \_\_\_\_\_

Printed Name of Notary \_\_\_\_\_

**F. Acceptance of Risk and Release of Liability**

I do understand the risks involved in participating in a trip with FCA Missions. I assume full responsibility for myself, or my child if a minor, for any and all risks.

I understand FCA Missions reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in its activities. I therefore certify that the medical and health information I have provided on this form is true and accurate to the best of my knowledge. I, or my child if a minor, am/is in good physical condition and therefore fully capable of participating in and able to undertake all of the activities involved in a FCA experience. I, or my child if a minor, do/does not have any medical condition that would prevent my, or his/her/ participation except for those restrictions listed in Section D of this form.

I, or my child if a minor, agree not to use alcohol or illegal drugs while participating in FCA. I also assume full financial responsibility for any physical damage to persons or property caused by myself, or my child if a minor.

I hereby authorize and release to FCA the use of my image, or my child's if a minor, in a video recording or photograph for any purpose of Fellowship of Christian Athletes.

I hereby give permission for any qualified medical personnel to render necessary emergency medical care for myself, or for my child if a minor. I also give said personnel the permission to make any necessary judgment decisions. I certify that I have adequate health, disability, and life insurance for myself, or for my child if a minor.

I agree that, should there be an issue or dispute as to the validity of any release that I have signed, this document shall supersede any other document that I have read and signed about my legal rights concerning Fellowship of Christian Athletes. I also understand that the terms of this agreement shall continue to be in effect even after the trip has ended.

***This trip can be cancelled at any time before the trip commences by the FCA International Director and/or other FCA Senior National Support Center Staff if the risk assessment in their opinion is considered too dangerous for the area being traveled to.***

Therefore I, \_\_\_\_\_, of my own free will, for my family, my children who are minors, my heirs and executors, and myself, have read, understand, and acknowledge the risks and liability for myself and my family on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
FCA Participant Signature

\_\_\_\_\_  
Parent/Guardian Signature (if a minor)

\_\_\_\_\_  
Printed Name of FCA Participant

\_\_\_\_\_  
Printed Name of Parent/Guardian

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Jesus Christ through the influence  
of athletes and coaches."***