

# WATERisLIFE.com

We are excited that you are interested in joining an upcoming WATERisLIFE Field Project. Please complete this form in its entirety. All information will be kept confidential.

Please return form to WATERisLIFE Arizona office:

WATERisLIFE.com

P.O. Box 1017, Buckeye, AZ 85396

Or email to [jenny@waterislife.com](mailto:jenny@waterislife.com)

## PART I

Application for Short Term Trip

## PART II

Waiver, Release and Medical Authorization

## PART III

Completed Part I

Color copy of Passport

Completed Part II

Copy of insurance card

Copy of Immunization Record

Notarized Signature

Deposit payable to WATERisLIFE.com

WATERisLIFE.com

PO BOX 7481, Edmond, OK 73083    [Info@WATERisLIFE.com](mailto:Info@WATERisLIFE.com)

PART I

# Application for Short Term Project

This application will assist our team in preparation for your trip and help to prepare you for a successful field visit.

Please indicate which WiL 2011 trip is of interest to you:

Kenya: 4/13 – 4/23 \$ 3,200 \_\_\_\_\_

Northern Ghana: 7/27 – 8/6 \$3,200 \_\_\_\_\_

Northern Haiti: Dates Pending Approval – September/October \$1,500 \_\_\_\_\_

## Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Shirt size (S, M, L, XL) \_\_\_\_\_ Weight in lbs. \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ (if under 19)

Relationship to you \_\_\_\_\_

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

Email \_\_\_\_\_

## Emergency Contact Information

Emergency Contact Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## Education Info

Education completed (Current student, High School, College, Beyond College) \_\_\_\_\_

Field of Study/Current Career \_\_\_\_\_

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Passport Information

Passport number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Country of Issue \_\_\_\_\_ Green/Card/visa number \_\_\_\_\_

Please send a color legible copy of your passport with this application

Trip Purpose

Please list any overseas experience that you may have.

Please write why you are interested in joining a WATERisLIFE Field Trip

PART II

## Waiver, Release and Medical Authorization

All participants in WATERisLIFE.com projects must have a signed and notarized Waiver, Release and Medical Authorization Form. Participants under 19 must have the authorized signature of a Parent/Guardian.

Insurance Information

Medical Insurance Co. \_\_\_\_\_ Group # \_\_\_\_\_ Policy# \_\_\_\_\_

Company's Address \_\_\_\_\_ Company's Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Please enclose a copy of your insurance card

Immunization Info

I certify that I have receive the following vaccinations and date of vaccination

Typhoid \_\_\_\_\_

Hepatitis B \_\_\_\_\_

Hepatitis A \_\_\_\_\_

Tetanus \_\_\_\_\_

Yellow Fever (if traveling in Africa) \_\_\_\_\_

I will obtain and take malarial prevention medication prescribed by my MD \_\_\_\_\_

Please enclose a copy of your shot record.

Medical History Info

Physical Limitations (i.e. asthma, diabetes, allergies, etc.) and/or special instructions (i.e. allergic to certain meds, rare blood type, wears contact lenses, etc.):

List ALL medications taken on a regular basis and/or any brought with you to the Event (note: prescription meds MUST have a pharmacy label and name of doctor):

List all operations/serious injuries and dates with in the past (5) years:

Note: The above is correct & the person herein described has permission to engage in all prescribed activities except as noted.

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**Consideration.** I acknowledge the personal benefits accruing to me (my child) by reason of participation, in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

**Release/Indemnification.** I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue WATERisLIFE.com Inc. (WiL) its directors, employees, agents, volunteers, and affiliates from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify WiL for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

**Assumption of Risk.** I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

**Media Consent.** I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to WiL. WiL, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

**Medical Emergency.** In the event of injury or a medical emergency, I authorize WiL group leaders, to be responsible for the medical care of me (or my child). It will be WiL group leaders' responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I hereby give permission to medical personnel selected by the WiL leaders to order X-rays, routine tests, and treatment for myself (or my child). In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the WiL leaders to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and hereby, release WiL its directors, employees, agents, Volunteers, and affiliates from any and all liability associated with participation in an event or related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from my (my child's) participation in all WiL events. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking place in recreational activities and other activities related to participation in WiL events.

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**Additional Authorization Addendum.** I acknowledge that during my (or my child's) participation in certain events that certain risks do exist. These include, but are not limited to, the hazards of being in a construction type setting, travel by personal automobile, public transportation, public hotels, village visits, the risks involved in recreation games/activities (including swimming) and those existing because of the content of the events. In consideration of this acknowledgement, I voluntarily have and do hereby, assume all risk associated with my (or my child's) participation in these events.

**Understanding.** I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver, Release and Medical Authorization shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect.

**Copy of Original.** It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.  
THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Please check, which applies:

Parent/Guardian

Attendee 19 years of age and older

Signature:

\_\_\_\_\_

Notary Information

The following is to be completed by the notary witnessing the participant's and/or parent/guardian's signature.

The State of \_\_\_\_\_ the County of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

Notary Public, Signature

\_\_\_\_\_

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

This form is valid for one year from the date of notary – Valid date \_\_\_\_\_