

Adult Leader ☐

Student ☐

Please choose one



T Shirt Size

Team Leader Instructions:

1. Please have each individual on your team fill out this form and return it to you.
2. Read over all forms, making sure they are filled out completely and accurately.
3. Make a copy of all forms, keeping one set with you (to be carried during travel) and sending one set to our offices no later than **May 15, 2022** at the following address.

Please send to: → **True North Church - Alaska Outreach**
2830 Airport Way
Fairbanks, AK 99709

YOU CAN ALSO:

Fax or scan/email the forms

Office: 907-474-9112 | Fax: 907-474-9119 | matt@truenorthak.org

4. We will make a copy of all forms and send one set to your mission site, so the host Pastor has a copy during your trip. One set will be kept here at the office for legal purposes.

Individual Release Form

Name of Registrant _____

As it appears on your ID

Last

First

Middle Initial

Birthdate _____ Age _____ Sex: ☐ Male ☐ Female

Trip Location _____ Trip Leader's Name _____

Parent/Guardian's Name _____

(if under 18)

Last

First

Middle Initial

Home Address _____

Street and Number

City State/Province

Zip/Postal

Phone Numbers: Home _____ Cell _____

Second Emergency Contact _____

Last

First

Middle Initial

Phone Numbers: Home _____ Cell _____

Medical Information

Name of Physician _____ Phone # _____

Medical Insurance Carriers Name: _____

Policy/Group # _____ Phone # _____

Additional comments regarding medical history, allergies or drug reactions, etc., which may be needed in any treatment:

Applicant Authorization

To the best of my knowledge all the information on this form is correct. This form may be photocopied by my church to carry off-site for traveling purposes. I also give my consent for use of photographs of myself in Alaska Outreach promotional videos, publications and or website.

Signature _____ Date _____

Applicant (if over 18) or Applicant's Guardian (if Applicant is under 18)



Permission/Authorization for Treatment of Minors

I understand that my child _____ will be in the care of _____ (Name of Pastor or Youth Pastor) of _____ (Church Name & City) during the Alaska Outreach hosted by True North Church ; affiliated with the Alaska Ministry Network of the Assemblies of God.

In case of Emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Alaska Outreach (both the local church & the Alaska Ministry Network) the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Alaska Outreach. I hereby give permission to the medical personnel selected by Alaska Outreach to order x-rays, routine tests, treatment; to maintain and/or release any medical records deemed necessary for insurance purposes. I absolve Alaska Outreach (this includes both the local church partner and the Alaska Ministry Network of the Assemblies of God) from liability in acting on my behalf in this regard.

I verify that my son/daughter is in good health and is capable of participating in strenuous activities, and when necessary, will tailor his/her activities to those within the bounds of his/her physical health. I recognize that my medical insurance company will pay for any medical treatment that is provided to my son/daughter while attending Alaska Outreach.

Signature _____ Date _____
Applicant's Guardian

Authorization for Treatment of Adults

I understand that I _____ will be in the care of _____ (Name of Pastor or Youth Pastor) of _____ (Church Name & City) during the Alaska Outreach hosted by True North Church ; affiliated with the Alaska Ministry Network of the Assemblies of God.

In case of Emergency, I hereby give Alaska Outreach (both the local church & the Alaska Ministry Network) the permission to act in my behalf in seeking emergency treatment for me in the event that such treatment is deemed necessary by Alaska Outreach. I hereby give permission to the medical personnel selected by Alaska Outreach to order x-rays, routine tests, treatment; to maintain and/or release any medical records deemed necessary for insurance purposes. I absolve Alaska Outreach (this includes both the local church partner and the Alaska Ministry Network of the Assemblies of God) from liability in acting on my behalf in this regard.

I verify that I am in good health and is capable of participating in strenuous activities, and when necessary, will tailor my activities to those within the bounds of my physical health. I recognize that my medical insurance company will pay for any medical treatment that is provided to me while attending Alaska Outreach.

Signature _____ Date _____
Applicant

Indemnity and Consent Agreement

I will not hold or attempt to hold Alaska Outreach (this includes both the local church partner and the Alaska Ministry Network of the Assemblies of God) liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about Alaska Outreach, or caused in any manner other than the willful or negligent act of Alaska Outreach, its agents and employees, and will indemnify and hold Alaska Outreach harmless from any liability for damages or claims against Alaska Outreach arising out of or in any way related to any such loss, damage or injury.

I understand that Alaska Outreach shall not be held liable at any time for lost or stolen luggage/personal items.

I release Alaska Outreach, including its trustees, employees and agents, from my or my son/daughters physical injury, including death, or illness while at the Alaska Outreach. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

I hereby grant permission to Alaska Outreach the right to use, reproduce and/or distribute photographs, films, video-tapes and sound recordings of myself or my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Alaska Outreach, and/or website.

Signature _____ Date _____
Parent/Legal Guardian if under 18, Applicant if 18 or older