



Your Name: _____

Trip Dates: _____

Hearts in Motion Team Participant Information and Release Form

HEALTH INFORMATION

Your Current Health is...(Please check one) Excellent Good Fair

Please list any allergies you have (including medication, food or environmental allergies) below:

Please list any health problems you may have below:

Please list any dietary restriction you have below:

Please list any physical challenges you have that might require special assistance below:

Please list any current medications you are on and the dosage below:

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Phone Number: _____

Relationship to Participant: _____

(Please continue form on back)

Personal Conduct Expectations

While I am on the service trip with Hearts in Motion, I will:

1. Respect the Guatemalan culture.
2. Respect other team members.
3. NOT consume alcoholic beverages if I am under the age of 21.
4. NOT use profane language.
5. Refrain from posting anything on social media that does not align with HIM's mission and reputation
6. Dress appropriately (No short shorts, crop tops or tube tops)

I have read and agree to the Personal Conduct Expectations _____ (Initial Here)

Photo Release

By signing this document, I grant Hearts in Motion ("HIM") permission to use my likeness in any photograph, video, any other digital media, and in any HIM publication, including any web-based publication (collectively the "Media"), without prior notice and without payment or other consideration. I understand and agree that all photos will become the property of HIM.

Criminal Background Check Agreement

By signing this document, I give Hearts in Motion the right to run a criminal background check understanding the information will be kept private and only viewed by Human Resources as a measure to ensure the safety of those I am traveling with and those we are serving while on the trip. I understand that should an issue be found, I may be asked to not participate in the trip.

How did you hear about Hearts in Motion?

I certify that to the best of my knowledge and belief the above information is true and complete.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature (if participant is under 18):

_____ Date: _____

Parent/Guardian Phone Number: _____