

Travel Release Form

This form is **REQUIRED** for participation with Fuel International. Please read all the instructions **BEFORE** filling out each section. You will need to ensure that Fuel International receives this completed form with all the required signatures and notarization. It is due 2 weeks before your trip begins.

OFFICE USE ONLY

Name: _____
(Last, First)

Program Code: _____

Received Date: _____/_____/_____
mm / dd / yyyy

Completed Date: _____/_____/_____
mm / dd / yyyy

Completed By: _____

Section 1- Personal Information

Tell us about the person participating in a program with Fuel International

Participant Name: _____
(Last, First)

Participant ID# _____

Participant Birthday: _____
(mm/dd/yyyy)

Participant Program (Check one)

Individual Mission Trip

Youth Group Mission Trip

Name of Group: _____

Section 2- Parental Guardianship

Provide information about participant's parents. If there are other adults who have custody of the participant, please provide their information instead. If participant is 18 years or older, this information is still required and will be used in the case of an emergency.

Mother/ Guardian's Information: Select One: Parent Guardian Home: (____) _____

Full Name _____ Cell: (____) _____ Work: (____) _____
(Last, First)

Address _____ City _____ State _____ Zip _____

Email- Please print clearly: _____

Father/ Guardian's Information: Select One: Parent Guardian Home: (____) _____

Full Name _____ Cell: (____) _____ Work: (____) _____
(Last, First)

Address _____ City _____ State _____ Zip _____

Email- Please print clearly: _____

Section 3- Emergency Contact

In case of an emergency where your parents/guardians cannot be reached, please provide contact information for another adult trustworthy of decision making.

Full Name _____ Relationship to Participant: _____

Address _____ City _____ State _____ Zip _____

Phone Numbers: Cell (____) _____ Work (____) _____ Home (____) _____

Email- Please print clearly: _____

Section 4- Medical and Health Information

This section of the Travel Release Form will be used to assist the participant in remaining healthy for the duration of their program and will be reviewed by leadership. Please be thorough and specific in this section. Withholding information in this section is grounds for immediate dismissal from a program.

Part A: Check if the participant has any of the following:

Asthma, Chronic wheezing, or respiratory problems	Mental Health Issues/ Depression	
Chronic or persistent cough	Fainting spells	
Cysts or Tumors of any kind	Convulsions, epilepsy or seizures	
Cancer	Parkinson's disease	
Skin disorder other than acne	Anemia or any other blood disorder	
Goiter	Serious bodily injury	
Diabetes or Hypoglycemia (low blood sugar)	Thyroid ailment	
Circulatory trouble	Severe allergic reactions	
Hearing or Vision Impairment	AIDS or HIV	
Kidney Problems	High or Low Metabolism	
Tuberculosis	Gall bladder stones or colic	
Rheumatism, Arthritis, Painful swollen joints	Prostate problems	
Severe Knee Problems	Veneral disease	
Intestinal or bowel problems	Breast or menstrual disorder	
High blood pressure/any cardiac problems	Chronic Pain	
Persistent, recurring indigestion, stomach or duodenal ulcers	Please list any other disease/disability not listed:	

Part B: List all the prescription medication the participant is currently taking and all the prescription medication they have taken in the last year - select if they will be taking it at the time of their Fuel International Trip:

Medication	Purpose	Dosage	Taking on Program (Circle response)
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No

Part C: List all the NON-prescription medication the participant is currently taking and select if they will be taking it at the time of their Fuel International Trip:

Medication	Purpose	Dosage	Taking on Program (Circle response)
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No

Part D: Have you had any treatment/counseling?

Yes / No

When: _____

For What: _____

Part E: Please list all foods or medications the participant has an allergy to and provide the appropriate information for each allergy:

Food/ Medication Allergy	Expected Reaction	Medication

If you have specific dietary needs (i.e. gluten-free, vegetarian etc.) for health reasons (not preference), please explain your needs in an email to info@fuel.org. Please note that you will be required to eat all meals as provided on trip unless you have been approved in writing by Fuel International PRIOR to the trip commencing.

Part F: Please check any medicines you would **NOT** permit this participant to use/ingest if needed:

Acetaminophen (Tylenol)	Calcium Carboate (Tums)
Ibuprofen (Advil/Motrin)	Pepto Bismol
Aspirin	Simethicone (Mylanta)
Aleve	Loperamide HCL (Imodium)
Loratidine (Claritin)	Mucinex
Diphenhydramine HCL (Benadryl)	Monistat
Dayquil/Nyquil	Vitamin C Drops
Guaifensin DM (Robitussin)	Dimetapp
Triaminic Cold Medicine	Midol/Pamprin
Cough Drops	Emetrol
Pseudoephedrine (Sudafed)	Hydrocortisone Cream
Topical- Hydrogen Peroxide	Insect Repellant
Antibiotic Cream	Gold Bond Powder
Poison Ivy Cleanser	Burn/ Sting Relief
Aloe Gel, Vaseline	Calamine Lotion
Meat Tenderizer Paste	Orajel
Bengay	Benadryl Cream
Magnesium Hydroxide (Milk of Manesium)	
Eye Drops (Visine/ Allergy Eye drops)	
Antibacterial Spray (Lanacane, Benzocaine)	
Athlete's Foot Spray/ Powder	
Skin Protector (sunscreen/Zinc Oxide)	
Chigger X Cream	
Benadryl Cream	
Other	

Part G:

Have you been under a physician's care for illness? Yes / No

When: _____ Where: _____

Date of last physical exam: ____/____/____

Section 5- Surgical History

Please list all the surgical operations or hospitalizations the participant has undergone. If there are more than 3, please attach an additional sheet of paper to explain.

1) Operation, Illness: _____ Date ____/____/____

Reason: _____ Name & Address of Hospital _____

Name of physician: _____ Remaining Effects: _____

2) Operation, Illness: _____ Date ____/____/____

Reason: _____ Name & Address of Hospital _____

Name of physician: _____ Remaining Effects: _____

3) Operation, Illness: _____ Date ____/____/____

Reason: _____ Name & Address of Hospital _____

Name of physician: _____ Remaining Effects: _____

Section 6- Immunizations

A year must be listed for each immunization and it must be the last year it was administered. Tetanus immunizations must be within the last 10 years.

Type	Year Administered
Mumps/ Measles/ Rubella	
Diphtheria/ Pertussis	
Polio	
Tetanus (Within 10 years)	

Please list other vaccines this participant has been given in the last 12 months: _____

Section 7- Medical Release

If you indicated "yes" by checking any of the boxes in Section 4 Part A or if you have a severe life-threatening allergy listed in Section 4 Part D, then you MUST have this medical release section completed by a Physician.

Attention to Attending Physician: Over our years of experience, Fuel International has had participants who have experienced difficulty engaging in daily activities while participating in our programs. Daily activities for most destinations may include and are not limited to physically challenging training, high intensity aerobic activity, hiking, extended periods of walking, exposure to extreme temperatures and weather, significant and quick altitude changes, travel to international destinations and dietary changes. Some or all of these challenges add to the physical intensity of our trips as well as the high probability of, at some point, the participant experiencing a lack of sleep. We expect all participants to be able to communicate effectively with our leadership structure and engage with us at the maturity level appropriate to their age. Some locations are extremely remote and may not have access to power 24/7 or emergency care centers with highly specialized equipment. Please be considerate of these factors as you evaluate the participant's physical and mental readiness for such conditions.

Physician's Name (Please Print) _____ Phone # (____) _____ Address _____

City _____ State _____ Zip _____ Participant's Name: _____ Participant's Birthday: ____/____/____

I have reviewed the Participant's medical information and history. I have performed a physical exam and (please indicate the appropriate choice):

- I find the Participant to be in adequate condition for participation in the aforementioned daily activities.
- I find the Participant to be in adequate condition for participation in the aforementioned daily activities with the following stipulations/guidelines: _____
- I have prescribed a medical plan of action for the Participant to meet prior to the program in order to participate in the daily activities.
- I do not recommend the Participant to participate at this time.

Physician's Signature _____ Date _____

Section 8- Mission Trip Insurance

All program participants who will be traveling outside of North America will have their insurance provided. Participants traveling to Baja, Mexico are REQUIRED to purchase the exact insurance outlined at www.fuel.org/insurance. If you are not traveling outside of the United States or you are not a permanent resident of the United States (except Canadians), this travel insurance is recommended, but you not required.

Locate the information needed on your purchase confirmation. If you do not have this, please request it directly from Mission Trip Insurance:

Enrollment ID _____ Plan # _____

Section 9- Health Insurance

All program participants who will be inside the United States during their program are required to have valid health insurance for the duration of that portion of the program. If you have purchased the insurance needed for Section 8, then additional health insurance is recommended, but not required.

Policy Holder's Name: _____ Insurance Company: _____ Policy # _____

Insurance Company Phone Number: _____

REQUIRED (Check to confirm): I have included/ attached a copy of this Health Insurance Card to my Travel Release Forms.

Section 10- Contract Agreements- Release, Hold Harmless, Consent

All participants are REQUIRED to read this section IN FULL and the parent(s)/guardian(s) of participants who are minors must also read this section in full. The participant, parents/guardians will need to sign this document as follows:

Situation A: If the participant is a minor under the age of 18, then this document must be signed in the presence of a NOTARY (or lawyer) by BOTH parents. The document must also be signed by the minor. However, the minor's signature does not need to be notarized.

Here are some requirements to common scenarios that arise from the need to have both parents sign this Travel Release Form:

- Parents Married: Both parents must sign and notarize
- Joint Custody: Both parents must sign and notarize
- Parent Deceased: Living parent must sign and notarize the Travel Release Form and attach a copy of the death certificate for the other parent
- Sole Custody: The parent with sole custody must sign and notarize the Travel Release Form and attach a copy of court papers showing he/she has legal custody and authorization to release their child for inter-state and international travel and/or provide a copy of the participant's birth certificate showing an absence of that Parent's name.
- Parent Unreachable: If a parent is uninvolved because they cannot be located, the primary parent must sign and notarize the Travel Release Form AND attach a signed and notarized "Statement of Special Circumstances." The Statement of Special Circumstances is available for download at www.fuel.org/documents.

Situation B: If the participant is an adult 18 years of age or older, then this document must be signed by them in the presence of a NOTARY (or lawyer).

Medical and Travel Release, Hold Harmless Agreement

On behalf of myself/my child, I further authorize Fuel International to:

- Release any and all other medical information or records to any party deemed necessary by Fuel International, its agents, servants, employees;
- Assign for the providing of medical treatment to my child or to members of the missionary/program group;
- To ensure proper placement of my child in such groups.
- I hereby release and agree to indemnify Fuel International, Inc., its agents, servants, employees and assigns for any and all claims or causes of action including but not limited to all damages, liability or costs resulting from the authorizing of medical treatment on my/my child's behalf under the terms of this consent. I further hold Fuel International harmless from any and all claims or causes of action including by not limited to costs, damages or expenses incurred by Fuel International as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. This release specifically encompasses any act of Fuel International's staff or it's agents and servants including acts of negligence by Fuel International and it's agents or servants.
- I am aware that serious illness or injury may occur during this program/trip and that such illness and injury may result in myself/my child incurring costs, expenses, and damages for which I am solely responsible including, but not limited to, return of myself/my child by air ambulance or other extraordinary means. I also understand that these programs/trips may be associated with risk of bodily harm, death, and/or damage to or loss of personal possessions resulting from, without limitation, inclement weather, transportation accident, or terrorism. On behalf of myself and my heirs (and participant, if participant is under 18), I personally assume all such risks, whether foreseen or unforeseen by myself or Fuel International, including any act of negligence by Fuel International or its agents or servants.

- I agree that it will solely be my responsibility to obtain information on travel immunizations required/recommended and travel precautions for the area. I realize that immunizations must be completed 4-6 weeks prior to travel and/or according to the guidelines outlined by the CDC and/or my chosen attending physician.
- I hereby release and hold harmless Fuel International, its officers, employees, agents, and representative/volunteers from all liability resulting from any act of Fuel International and its agents or servants including acts of negligence by Fuel International and its agents or servants for personal injury, including death, as well as all property damage or loss arising out of my/my child's participation in this program/trip. I understand that this release and indemnification releases liability for the conduct of Fuel International and its agents, servants, employees or assigns, including acts of negligence by Fuel International and its agents and servants.
- I/We, am/are the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) of the listed participant, has my/our consent to travel with Fuel International to areas inside and outside the United States in accordance with my/my child's program.
- I also give Fuel International the right to use my/my child's picture, voice and/or testimony in any form of promotional or advertising materials, including but not limited to live events and social media.

Additional Consent for Medical Review & Treatment

Participant wishes to be a member of a Fuel International program. Certain circumstances may occur resulting in Participant's need for medical/dental care and treatment, and further resulting in Participant's or (in the case that Participant is a minor) Participant's Parent's or Legal Guardian's inability to personally give consent for such care and treatment. In consideration of permission from Fuel International for Participant to participate in said program/trip/group, Participant or (in the case that Participant is a minor) Participant's Parent or Legal Guardian authorizes Fuel International, or any designated agent of Fuel International or medical facility to act on Participant's behalf should Participant be unable to do so and to consent to all medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery or other procedures which Fuel International deems necessary for Participant's medical well-being for the duration of the program/trip. This consent is given in advance of any specific diagnostic tests, treatment, surgery or medications, and is given to provide authorization and specific consent for medical/dental treatment and care on Participant's behalf. Any consent by Fuel International shall have the same force and effect as if Participant (or Parent/Guardian in the case the participant is a minor) had personally given the consent.

- I certify I have personal health insurance, including foreign countries I will be residing in for short and/or long periods of time, with no territorial limitation, for the providing of medical services to participant which will provide coverage for the participant during the duration of said program. I understand that Fuel International provides no health insurance plan and cannot be held responsible for any medical costs I incur.
- I understand that proof of insurance coverage will be due to my health care provider at the time of treatment or office visit if in the US. If a copy is not presented at the time of visit, health care facilities may reserve the right to refuse treatment for non-urgent visits.
- I recognize Fuel International staff, agents and servants will have access to medical information provided within the Travel Release form and I consent to the use and disclosure of this information for the purpose of maintaining the participant's health.
- I authorize United States Fire Insurance Company/MH Ross to release payment of benefits under my Travel Protection Plan (as outlined in Section 8 of this Travel Release Form) directly to Fuel International to cover any expenses they have incurred for items covered by the policy and claim for the benefit of the Insured. I understand that any reimbursement I may receive under the Travel Protection Plan purchased would be refunded to Fuel International for any costs prepaid on my behalf. It is also incumbent upon me to cooperate in the facilitation of any refund and in the processing of my Travel Protection Plan claim.

Accountability Agreement

The rules and regulations of Fuel International are specifically designed to ensure the safety and well-being of each team member and to maintain the high degree of Christian integrity required to minister effectively in both a Stateside and/or cross-cultural setting. These rules and regulations are enforced by Fuel International's staff, which includes Country Directors, Country Assistants, Team Leaders, Group Leaders, Health Coaches, and Staff serving at Fuel International's headquarters. Enforcement shall occur in a manner which Fuel International's staff feels is in accordance with Christian principles and the stated purpose of the project/program. We expect full cooperation from members and parents in disciplinary decisions made by Fuel International's staff. Fuel International's staff reserves the right to send home immediately and/or remove from any program ("remove" defined as and not limited to sending participant home, isolating participant from other program members while under staff supervision and/or requesting the assistance of local law enforcement if necessary) any team member that shows or communicates disregard for the stated rules and regulations. The team member and/or their family are responsible for any cost involved should the participant be removed from the program. These costs may include, but are not limited to, airfare, hotel and food for the team member and chaperone.

- I have read, understood and agree to abide by all the rules, regulations and the disciplinary measures outlined by Fuel International at www.fuel.org/rules, as well as any additions or addendums provided to me before or during my program participation in writing and/or verbally.

- I will support the staff of Fuel International as they uphold these standards for all participants, by cooperating with requests made in order to sustain these guidelines. These requests may include, but are not limited to: Making a change in my personal schedule, providing financial information and resources in a timely fashion, and treating staff members with respect and professionalism.

Behavioral Agreement

By participating in a Fuel International program, I understand I am expected to follow the stated rules as well as carry myself according to Christian principles.

- I commit to be teachable by receiving feedback from program leadership with humility and openness.
- I pledge to love and esteem others higher than myself, understanding that my leaders, team members and the people of the world are God's creation and are to be treated with love and respect.

Section 11- Signatures & Notarization

My/our enclosed signature(s) signifies my/our approval of all limitations listed above as well as my/our agreement with the Medical/Travel Release, Consent for Medical Treatment, Accountability and Behavioral Agreement. I/we have read and understand the information both required and delivered in section 1 through 10 of Fuel International's Travel Release Form including content provided on specified online sources. My/our signature represents that all information on these forms is true and correct to the best of my/our information.

Father's Signature (If participant is under 18)

Mother's Signature (If participant is under 18)

Date

Guardian Signature (If participant is under 18)

Participant Signature

Date

Note to Notary: *If you do not have a notary stamp we need other proof of notary such as a copy of notary certificate.*

Notary's Name (Please Print)

Notary Location (City, State, Country)

Commission Expires (mm/dd/yyyy)

Before me, the undersigned, a Notary Public in and for said country and state on _____, personally appeared the identical person who executed the
(mm/dd/yyyy)
within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year below written.

Notary Signature

Date of Notarization

Notary Seal Here

Section 12- Final Review & Mailing

Please review the checklist to ensure your Travel Release Form is complete and then mail it to:

Fuel International
P.O. Box 939
Monument, CO 80132

Double check to make sure each section is complete:

- | | |
|---|--|
| <input type="checkbox"/> Section 1 – Personal Information | <input type="checkbox"/> Section 7 – Medical Release if needed |
| <input type="checkbox"/> Section 2 – Parental Guardianship | <input type="checkbox"/> Section 8 – Mission Trip Insurance |
| <input type="checkbox"/> Section 3 – Emergency Contact | <input type="checkbox"/> Section 9 – Health Insurance |
| <input type="checkbox"/> Section 4 – Medical Checklist | <input type="checkbox"/> Copy of Health Card Attached |
| <input type="checkbox"/> Additional Explanations Attached if needed | <input type="checkbox"/> Section 10 – Read Contract Agreements |
| <input type="checkbox"/> Section 5 – Surgical History | <input type="checkbox"/> Section 11 – Signatures and Notarization |
| <input type="checkbox"/> Additional History Attached if needed | <input type="checkbox"/> Documentation (i.e. Statement of Special Circumstances) Attached if needed. |
| <input type="checkbox"/> Section 6 – Immunizations | |