



Eli House Mission  
P.O. Box 451  
Uniontown, OH 44685  
[trips@ehmission.org](mailto:trips@ehmission.org)

## Trip Application

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # (      ) \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name as it appears on passport \_\_\_\_\_

Passport # \_\_\_\_\_

Trip Dates \_\_\_\_\_

T-Shirt Size: S M L XL XXL XXXL

Sponsored Child Name or # (if applicable) \_\_\_\_\_

Church/Organization Affiliation \_\_\_\_\_

Have you ever been on a missions trip before? Describe briefly.  
\_\_\_\_\_  
\_\_\_\_\_

### ***Emergency Contact Information:***

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # (      ) \_\_\_\_\_

### ***Medical Information:***

Will you be bringing any prescription medication on the trip? \_\_\_\_\_ Please list medication and condition \_\_\_\_\_

List any physical disabilities or limitations \_\_\_\_\_

List any food or medicine allergies \_\_\_\_\_

List any major illnesses within the past year \_\_\_\_\_

Other conditions which Eli House Mission or a treating physician should be aware \_\_\_\_\_

# Medical Release

## **Release**

In case of unconsciousness, or inability to release myself for medical treatment resulting from an accident on the trip which requires medical attention, I, \_\_\_\_\_, give my permission to Eli House Mission, its representatives, and all attending health care professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors, and paramedics) to hospitalize, anesthetize, or perform surgery on me as is required.

I, \_\_\_\_\_, the undersigned, do release, acquit, discharge, and covenant to hold harmless Eli House Mission and its representatives from all actions, damages or liabilities arising out of the treatment of any sickness or accident incurred by my participation on the trip. It is the intention of this release that the above Eli House Mission and its representatives incur no liability whatsoever while attempting to meet all the needs that I may require during the project. I am aware of the hazards and risks to my persons associated with participation in a short-term mission trip. I further understand that EHM does not have any insurance coverage that would apply in the event of my illness, injury, death, or damage to my property that may occur during my participation on the trip, and that if I desire insurance coverage I am responsible for the cost and arrangements for such insurance.

## **Video and Photography Release**

I understand that Eli House Mission uses photographs and video recordings of participants for promotional materials and media related productions. By signing this form, I give Eli House Mission the permission to take and use such photographs and video recordings to inform others about the outreach ministry of Eli House Mission.

## **Code of Conduct:**

By signing this form, I agree to the following while participating in an Eli House Mission Trip:

- I agree not to use tobacco products, electronic vapor products, alcoholic beverages or illegal drugs.
- I agree not to engage in or promote the use of obscene language, dangerous behavior, or sexual, illicit or illegal activity.
- I agree to abide by the Eli House Mission dress code.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian of above said minor \_\_\_\_\_ Date \_\_\_\_\_