

**BECAUSE WE CARE
MINISTRIES, INC.**
PO BOX 14132
ROANOKE, VA 24038

**PLEASE PRINT CLEARLY USING
ALL CAPITAL LETTERS.
NO SMALL PRINT PLEASE.**

Passport Information Release Form

Gender Date Of Your Mission
 Male Trip
 Female _____

First Name	As it appears on your passport.
Middle Name	
Last Name	

Passport Number	
Issue Date	
Expiration Date	

Date Of Birth	DAY — Month — Year
Phone #	
Email	

Emergency Contact Person	
Phone #	
Your Relation To Them	

DRESS CODE & HYDRATION

- I have read and will abide by the guidelines set forth by BWCM for appropriate dress and will welcome any correction if my choices are not acceptable.
- I have read and will do my best to begin proper hydration before & during the mission.

Signature: _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Because We Care Ministries, Inc., of any liability against personal losses.

I understand that there are inherent risks involved in any ministry and hereby release Because We Care Ministries, Inc., from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement during the Term. In the event that I am injured and require the attention of a doctor, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Participant or Parent/Guardian
(if under age 18)

Signature: _____