

Because We Care Ministries

Passport Information + Release Form

Please enter the correct information below printing clearly using all capital letters (No Small Print)
Please enter the necessary information as it appears on your passport

FIRST NAME	MIDDLE NAME	LAST NAME

PASSPORT NUMBER	ISSUE (day-month-year)	EXPIRATION DATE (day-month-year)

DATE OF BIRTH (day-month-year)	PHONE NUMBER	EMAIL

EMERGENCY CONTACT PERSON	PHONE NUMBER	YOUR RELATION TO THEM

<p>GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>DATE OF YOUR MISSION TRIP _____</p>	<p>DRESS CODE AND HYDRATION</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> I have read and will do my best to begin proper hydration before & during the mission.</p> <p>SIGNATURE: _____</p>
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Do you have any food allergies or any dietary requirements. (please check if yes and let us know below)

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: _____