

# LSIM Team Registration Form (Returning Team Member)

LightShine International Ministries, P.O. Box 777, Mount Joy, PA 17552  
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Please mail completed registration to the address above

1. Team Date & Destination \_\_\_\_\_ Your Email Address \_\_\_\_\_

2. Legal Name as it appears on your Photo ID (IMPORTANT for your airline ticket) \_\_\_\_\_

3. Permanent Address \_\_\_\_\_

4. Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Street City State/Province Zip code  
(Area code) Number

5. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Occupation: \_\_\_\_\_

6. Please describe your personal goals in being part of this team (Why are you going?) \_\_\_\_\_

7. List the most recent LSIM teams you have served with.

Team Name / Destination	Approximate Dates	Team Leader

8. Please describe your health, including any physical or dietary limitations \_\_\_\_\_

9. Are you on regular medication or currently under a doctor's care? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

10. List any allergies (food, medicine, environment, insect) \_\_\_\_\_

11. Date of last Tetanus Shot \_\_\_\_\_ Blood type \_\_\_\_\_

12. Check All That Apply:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart trouble	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Bee/wasp reaction
<input type="checkbox"/> Physical disability	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Fainting

13. In case of an emergency, please notify \_\_\_\_\_  
Name Relationship (Area code) Number

## VERIFICATION OF MEDICAL INSURANCE COVERAGE

LightShine International Ministries (LSIM) recommends that all team leaders and team members have adequate medical insurance. Some health insurance policies cover short-term travel, some do not.

You must verify with your carrier that your current policy will cover you while on the mission for which you are applying.

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Company Address \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

## RELEASE OF LIABILITY AND RELEASE TO OBTAIN MEDICAL CARE

**Matthew 18:15-20** and **1 Corinthians 6:1-8** instructs us to live at peace and to resolve disputes in private or within the Christian church. I acknowledge my concern that the limited charitable resources of **LSIM** should not be dissipated on wasteful litigation. Therefore I expressly waive my right to file a lawsuit in any civil court or other secular setting against **LSIM** and other organizations and all individuals involved with this mission trip.

I hereby release all leaders and organizations involved with this mission trip from any and all legal liability. I hereby waive all my rights to any legal liability, on the part of **LSIM** or any other individuals or organizations involved, which liability may result from sickness, injury, or death that may occur on or relate to this trip. I fully realize that there are hazards, and I am fully assuming these risks, including but not limited to, hazardous travel, poorly constructed roads, animal attacks, dangers resulting from military or political activities, sickness, disease, inadequate health care, kidnapping, arbitrary imprisonment, and all other unforeseen risks.

I specifically release **LSIM** and all concerned from any claim of negligence in their duties as leaders, or otherwise, on this mission trip. In the event that I attempt to make a claim in violation of my release and waiver as herein indicated, I hereby agree to, and shall pay, all legal fees and costs incurred by **LSIM** and other individuals and organizations involved.

I hereby further acknowledge my responsibility to provide my own insurance coverage of any and all types, including but not limited to, medical, hospitalization, life, disability, death, lost baggage, lost or stolen personal property, and any and all other insurance which I may need or desire. I also hereby release **LSIM** and all leaders and organizations involved with this mission trip from responsibility to provide insurance coverage of any and all types.

I hereby further authorize the leadership of **LSIM** to make essential decisions on my behalf with respect to medical treatment, emergency surgery, or hospitalization, should such be necessary. However, **LSIM** shall in no way be responsible or liable for payment of any and all bills for such medical treatment. I assume the full responsibility for any and all medical bills incurred related to this outreach. My estate and my family shall further assume full and total cost for the return shipping of my body should I die by any cause on this trip.

I further agree wholeheartedly to abide by decisions made by leaders and all those in authority and by all guidelines, policies, and rules pertaining to this trip, including but not limited to **LSIM** team policies. I have read and am in full agreement with this release and waiver; and fully understand that I am: waiving any rights I may have to litigate and sue; accepting full responsibility for all insurance, all medical costs, and all risks related to this trip; authorizing **LSIM** to make medical decisions if necessary; and agreeing to read and abide by all guidelines, policies, rules, and leadership decisions pertaining to this outreach. I certify that all the information I have given on this team registration form is accurate and true to the best of my knowledge.

By signing this form, I acknowledge that I understand and agree with everything stated on this form.

Date \_\_\_\_\_ Signature \_\_\_\_\_