

# LIABILITY RELEASE and Emergency Contacts

Last Name _____ First Name _____	For Office Use
Cell Phone Number _____ Email _____	
Home Street Address _____ City _____	
Zip or Postal Code _____ Country _____	

I, the undersigned person, agree with the following provisions:

- I understand that MissionNannys does not provide liability or medical insurance coverage for any activities. In the event of injury or any claim of any nature, I agree to assume full financial responsibility for all related costs. I hereby release MissionNannys and their staff, volunteers, or board members, of all responsibility for damage or loss of life, personal goods and belongings, injuries, or any other claim.
- I understand that, in the event medical treatment is required, every effort will be made to contact my own insurance agency. However, if they cannot be reached, I give my permission to the missionary family for which I am volunteering my services, to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my treatment and well being, and if necessary, to obtain emergency evacuation for me.

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (Provide phone number as dialed from the United States)

1<sup>st</sup> Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_  
Alternate Phone # \_\_\_\_\_

2<sup>nd</sup> Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_  
Alternate Phone # \_\_\_\_\_

**MEDICAL INFORMATION:** (Please Fill Out Completely)

Insurance Company\* \_\_\_\_\_ Policy #\* \_\_\_\_\_  
Company contact:\* Phone: \_\_\_\_\_ Email\* \_\_\_\_\_  
Emergency Evacuation Insurance Company:\*\* (if any) \_\_\_\_\_  
Policy # \_\_\_\_\_ Company contact: Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Physical Limitations: \_\_\_\_\_  
Medications (include directions): \_\_\_\_\_

\* The Company that will cover you in your missionary family's country. You must provide this information prior to your departure to your missionary family.  
\*\* If not the same as your medical insurance company.

**Mail completed form to**  
**MissionNannys P.O. Box 61805 Santa Barbara, CA 93160** (MissionNannys@gmail.com)