



# MISSION REGISTRATION FORM

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Optical experience?** Yes \_\_\_ No \_\_\_ Type: \_\_\_\_\_

T-shirt size \_\_\_\_\_

Please print and send this page along with the signed Release of Liability form, any required fees, and a copy of your passport to your mission leader.

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## VOSH/Minnesota Release of Liability

**AFFIRMATION AND RELEASE:** The undersigned applicant (or registrant) affirms, understands and agrees that V.O.S.H. and the project directors may make reservations or arrangements through a travel agency and the host or sponsoring organization or others for travel, lodging and meals during the trip, and that V.O.S.H. and the project director are not responsible or liable for the condition or operation of any aircraft, boats, vehicles, hotels or lodging facilities, restaurants or eating facilities, or for any occurrence in connection with the operation thereof which may result in injury, death, or other damage to me or my family, heirs or assigns.

In consideration of being allowed to accompany and participate in this project and trip, I hereby personally assume all risks in connection with the project and trip, and I further release V.O.S.H. and project director from all claims, demands, and actions and for any harm, injury or damage which may befall me while on the trip, including all risks in connection therewith, whether foreseen or unforeseen, and further to save and hold harmless V.O.S.H. and said persons from any claim by me, or my family, estate, representatives, heirs or assigns, arising out of my participation in this tour.

I understand that my name and/or photo may appear in VOSH/MN and/or VOSH/International newsletters, web sites and /or Facebook page reports of this mission.

I further state that I am legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this as my own free act. If not of legal age this is signed by parent or guardian.

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

\_\_\_\_ I am a parent or guardian for a volunteer under age 18 years:

Name of Minor \_\_\_\_\_

Please fill out and print this document and send along with any required fees, and a copy of your passport to VOSH Minnesota, 5200 Douglas Drive, Crystal MN 55429.