

APUFRAM Group Roster, Signatures, and Releases

Group Name _____

Volunteer Name _____	Age _____	Sex _____	Hometown _____
E-mail address _____	Spanish Speaker- a little moderate fluent	Specific Restrictions _____	
Signature _____	Parent/Guardian Signature (for minors) _____		
Volunteer Name _____	Age _____	Sex _____	Hometown _____
E-mail address _____	Spanish Speaker- a little moderate fluent	Specific Restrictions _____	
Signature _____	Parent/Guardian Signature (for minors) _____		
Volunteer Name _____	Age _____	Sex _____	Hometown _____
E-mail address _____	Spanish Speaker- a little moderate fluent	Specific Restrictions _____	
Signature _____	Parent/Guardian Signature (for minors) _____		
Volunteer Name _____	Age _____	Sex _____	Hometown _____
E-mail address _____	Spanish Speaker- a little moderate fluent	Specific Restrictions _____	
Signature _____	Parent/Guardian Signature (for minors) _____		

****Please note married couples with an asterisk**

In consideration of APUFRAM International accepting this application, I, my heirs, assigns, executors and personal representatives and, for parents/guardians, on behalf of my child/ward, release, hold harmless, and discharge forever APUFRAM International, their staffs, officers, directors, employees, volunteers, agents, sponsors, promoters and affiliates from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable in an legal way to any action or omission to act of any such person or organization in connection with the sponsorship, organization and involvement in all activities, occurrences and consequences, to include health, sanitation and safety exposures, related to the mission trip. The mission trip includes all time related to preparation for the trip, travel to and from Honduras and the duration of the visit in Honduras.

As parent/guardian of a team member, I give my permission for my child/ward to travel to Honduras and participate in APUFRAM International activities and project work there.

Should emergency medical treatment be necessary and I am unable to act on my own behalf, or in the case of a parent/guardian, my child/ward and I are unable to act on their behalf, I authorize the delegated group leader or the person in charge at APUFRAM to approve appropriate medical treatment. I or my child/ward have no health related reasons or conditions that could in any way preclude or restrict full participation on the mission trip.

I have read and understand all of the rules and policies of APUFRAM International provided on the website at www.apufram.org and agree to abide by these policies and rules.

It is the firm policy of APUFRAM International that no one has permission to visit the mission without the appropriate signature and release.