



APUFRAM
PO Box 10085
Russellville, AR 72812

Guests of APUFRAM

Personal Information

Requested dates: _____ to _____

Full Name: _____ Name you go by: _____

Address: _____

Phone (home): _____ (work/cell): _____

E-mail address: _____ Fax: _____

Transportation Requested? _____ (If yes, please fill out the Transportation Form)

Emergency Contact

Please list someone whom we would be able to contact in case of an emergency.

Name: _____

Relationship: _____

Address: _____

Phone (home): _____ (work/cell): _____

E-mail address: _____

Health

Do you have any special dietary needs?

Are there any health concerns that we should be made aware of in case of an emergency?



APUFRAM

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Release of Liability

In consideration of APUFRAM/APUFRAM International accepting this application for a visit to APUFRAM, 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/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 this visit to APUFRAM. This includes all time related to preparation for the trip, travel to and from Honduras and the duration of the visit in Honduras.

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 am 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 in this visit to APUFRAM.

I have read and understand all of the rules and policies of APUFRAM provided on the website at www.apufram.org and agree to abide by these policies and rules. It is the firm policy of APUFRAM that no one has permission to visit the mission without the appropriate signature/release forms.

Signature: _____

Date: _____