

# AMIGUITOS

*“Good Friends”*

## APPLICATION FOR DECEMBER 2008 WORK TRIP TO VERACRUZ, MEXICO

(Each person applying should print and fill out a separate 3 page application.)

Name: \_\_\_\_\_ Date of application: \_\_\_\_\_  
Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Trip Description:** Participants will arrange their own travel to Veracruz, Mexico on Friday or Saturday prior to projects. They will participate on Sunday in a 1:00 pm organizational meeting and preparations of the trip pharmacy/supplies. Sunday night will be worship and a group talent show (kickoff). The work projects in Veracruz will consist of three parallel activities: 1) Medical Clinic, 2) Educational program and 3) Construction project. Each work day (Monday to Thursday) participants will travel by van to the project site(s) within Veracruz (Laguna, Reserve and/or El Centro). At the end of the week (Friday), participants will have the option of participating in a cultural excursion and typically return to the United States on Saturday. At the end of the week participants may proceed with personal extensions of their trip. If so, it is best to return to the United States from that other location. Keep this in mind when you book your reservations.

### Please indicate your intentions below:

*I am applying for the:*

- Work Project** (December 26/27 2008 to January 3, 2009) and/or  
 Planning to take a personal trip extension

Depart USA on:

- Fri December 26  
 Sat December 27

Return to USA on :

- Sat January 3  
 Other date: \_\_\_\_\_

### Please check all areas in which you have expertise, talent and/or interest:

- |   |                                     |   |  |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> Physician      | <input type="checkbox"/> Dentist    | <input type="checkbox"/> Clergy/Worship leader    | <input type="checkbox"/> Construction          |
| <input type="checkbox"/> Nurse          | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Education                | <input type="checkbox"/> Teach Mexican Culture |
| <input type="checkbox"/> General Helper | <input type="checkbox"/> Translator | <input type="checkbox"/> Shopping (Gringo Market) | <input type="checkbox"/> Other _____           |

Approximate cost of trip \$750 to \$850 airfare & ~\$450/week housing and meals. **Note: Costs are higher in December.**

**Complete application, sign the following pages then mail Application (no money) by OCTOBER 31, 2008 to:**

AMIGUITOS  
Attn: Curtis Wait  
228 S Jefferson Ave  
Louisville CO 80027

**AMIGUITOS**  
*“Good Friends”*

**APPLICATION FOR DECEMBER 2008 WORK TRIP TO VERACRUZ, MEXICO**

**Medical Authorization**

Participant name as it appears on passport: \_\_\_\_\_

Passport # \_\_\_\_\_ Issuing country \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Issue \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact cell phone \_\_\_\_\_ Work/Home phone \_\_\_\_\_

Alternate contact \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Information:**

Doctor name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Other Information \_\_\_\_\_

**Insurance Information:**

Company \_\_\_\_\_ Policy number \_\_\_\_\_

Address \_\_\_\_\_

Policy in Name of \_\_\_\_\_

Insurance Policy I. D. \_\_\_\_\_

Health insurance 800-number: \_\_\_\_\_

Social Security Number of Policy Holder: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I acknowledge that medical insurance often does not cover care outside of the USA. The above named participant and I understand that we are financially responsible for all costs. Should it be necessary for the participant to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

In the event of an emergency, I hereby authorize an adult leader of AMIGUITOS to act as agent for me to consent to any medical, dental, or surgical treatment and care deemed necessary by a licensed medical professional. Emergency contacts expect to be notified as soon as possible. I acknowledge that I am financially responsible for any emergency medical, dental costs or any other treatment costs.

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

Parent/Guardian Signature (if participant < 18) \_\_\_\_\_ Date \_\_\_\_\_

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**Release Waiver and Indemnification**

Mexico is beautiful country full of wonderful people, but there are also risks associated with travel there. You are encouraged to go to the State Department website [www.travel.state.gov](http://www.travel.state.gov) and select International Travel on the top menu. Then select the Travel Warnings and Consular Information Sheets options on the left side of the page to review their information. Please read the following carefully. If you have any questions, have them answered before signing this document.

In consideration of permitting \_\_\_\_\_ (participant) to travel to Veracruz, Mexico on December \_\_\_\_\_, 2008, returning January \_\_\_\_\_ 2009, to participate in the work trip of AMIGUITOS, I/we (the undersigned) hereby voluntarily assumes all liability for and agree to save, indemnify, defend and hold AMIGUITOS its sponsors, agents (including its fiscal agent Intercession Episcopal Church), servants, volunteers, and employees, harmless from any and all claims, demands, and/or causes of action of any kind including but not limited to personal injury, property damage or wrongful death against AMIGUITOS its sponsors, agents (including its fiscal agent Intercession Episcopal Church), servants, volunteers, and employees; and

I/we (the undersigned) assume all liability for and agree to save, indemnify, defend and hold AMIGUITOS its sponsors, agents (including its fiscal agent Intercession Episcopal Church), servants, volunteers, and employees, harmless from any and all claims or demands of any sort or nature for damage or injury to persons or property caused by the acts or neglect of the participants; and

I/we (the undersigned) further understand and agree that the participant may, during part or all of the trip/event, travel by private vehicle, and I/we (the undersigned) hereby agree consent to thereto and specifically: (1) waive any and all claims of any sort or nature I/we may have against the owner and/or driver of any such private transportation for any personal injury, bodily injury or death and for any property damage, regardless of the cause thereof, and (2) agree to hold harmless and indemnify the owner and/or driver of any such private transportation from any and all claims or demands of any sort or nature which may be asserted by or on behalf of the participant for any personal injury, bodily injury, death or property damage, regardless of the cause thereof.; and

I/we (the undersigned) waive any claim against AMIGUITOS, its sponsors, agents, (including its fiscal agent Intercession Episcopal Church), servants, volunteers and employees and hereby release them from any responsibility and liability for any personal or bodily injury, death or property damage that participants may sustain during the above listed activity. I/we (the undersigned) agree to indemnify, save and hold AMIGUITOS its sponsors, agents (including its fiscal agent Intercession Episcopal Church), servants, volunteers, and employees, harmless from any claim, demand or cause of action of whatsoever nature or kind asserted by or on behalf of the participant for any personal or bodily injury, death or property damage sustained by the participant during the trip/event and their participation therein; and

**I/we (the undersigned) give permission for participant’s photographs to be used for publications, advertisements, web sites, or news articles pertaining to AMIGUITOS.**

By our signatures here on we affirm that we have read and fully understand the terms, conditions, releases, and waivers above set forth.

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

Parent/Guardian Signature (if participant < 18) \_\_\_\_\_ Date \_\_\_\_\_