

AMIGUITOS

“Good Friends”

APPLICATION FOR DECEMBER 2009 WORK TRIPS TO VERACRUZ, MEXICO

(Each person applying should print and fill out a separate 3 page application AND please ***SIGN page 2 & 3.***)

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. You need to carry one suitcase of Amiguitos supplies plus your luggage. You will participate on Sunday in an organizational meeting and preparations of the pharmacy supplies. Sunday night will be worship and a group talent show (kickoff). The work projects in Veracruz will consist of: 1) Four Medical Clinics/week, 2) Educational programs and 3) Construction project (optional). Each workday (Monday to Thursday) participants will travel together to the project site within Veracruz (site varies). Friday & Saturday will be free days to tour on your own or participate in programs at the center or the excursion. On Friday January 1st, participants will have the ***option*** of participating in a group cultural excursion. You typically return to the United States the Sunday or Monday following the clinics, or 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 25/26 – Jan 3/4) and/or Planning to participate in Friday January 1 Excursion
 Planning to take a personal trip extension

Depart USA on:

- Fri December 25
 Sat December 26

Other date: _____

Return to USA on :

- Sun January 3
 Mon January 4

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 \$650 to \$750 airfare (you must purchase your own!) & FEES must be paid prior to trip (11/30/09) \$10/day housing (families \$20; college students FREE) and \$10/day meals. \$50 for Excursion. Then BRING ~\$30/person/week for eating out at restaurants plus money for handicrafts, shopping or snacks.

Complete application (all 3 pages), sign, and send Application by OCTOBER 31, 2009 (Money by NOV 30, 2009) to:

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

AMIGUITOS
“Good Friends”

APPLICATION FOR DECEMBER 2009 WORK TRIPS 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 _____

AMIGUITOS
“Good Friends”

APPLICATION FOR DECEMBER 2009 WORK TRIPS TO VERACRUZ, MEXICO

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 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 _____, 2009, returning January _____ 2010, 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, 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, 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, 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, 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, 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 _____