



• Your current **health insurance policy**:

Company: _____

Policy #: _____ Group #: _____

Name of Insured: _____

• Trip Insurance is recommended. Are you planning to purchase a policy?

Yes No

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Mobile Phone: _____ Email: _____

Travel Plans:

My arrival information: Date: _____ Airline: _____ Flight #: _____ Arrival time: _____

My departure information: Date: _____ Airline: _____ Flight #: _____ Departure time: _____

I am arriving before or departing after the group arrives/departs and plan on meeting the group at the airport: Yes or No

Details: _____

I affirm that all the above information is true and accurate to the best of my knowledge. I understand the health risks involved in traveling to and working in a territory effected by a natural disaster. I consider myself in good mental and physical shape.

Signature: _____ Date: _____

So we can best prepare for your trip, please list any of the interests and skills you possess that you feel you can share with the students and the community we work with.



Crossing Thresholds Inc. – Puerto Rico 2019

Agreement and Release

This document is a legally binding release, which, in certain situations, will reduce or eliminate your legal rights and legal recourse. Please read it carefully before signing.

This AGREEMENT and RELEASE is between _____ (“Participant”) and Crossing Thresholds, Inc. (CT). This Agreement and Release is entered into in connection with the program sponsored by CT, which provides the opportunity for Participant to travel to Puerto Rico to engage in volunteer service and cultural exchange. Participant enters into this Agreement and Release in consideration of the opportunity to participate in the Program and for other good and valuable consideration, the sufficiency of which the parties acknowledge

Participant acknowledges that there are risks inherent in volunteer trips, including, but not limited to, forces of nature, accident or illness, limited access to adequate medical facilities, job site injury, and travel by air, automobile, truck, on foot or by other conveyance. Participant assumes all the risks of the Program, including health and personal safety risks, and waives all claims for loss or injury to person or property while participating in any of the activities contemplated thereby, whether such loss or injury results from the negligence of CT or its officers, directors, employees, liability insurance carriers or agents, or from some other cause. Therefore, in consideration of the right to participate in the Program, and of the services, food and transportation arranged by CT and its agents and associates, the undersigned Participant, intending to be legally bound, consents to the assumption of such risks, and agrees to forever waive, discharge and release for Participant and Participant’s heirs, executors, and administrators, all rights and claims for injuries, damages, illness, losses, demands and other actions of every kind and nature whatsoever, which Participant may have against CT or its officers, directors, employees, liability insurance carriers and agents and all of those entities’ representatives, successors and assigns, resulting from or in connection with the Program or any other activities arranged for Participant by CT and/or its agents and associates.

Signature: _____

Date: _____