## **ZAMBIA MEDICAL MISSION 2024 Information Form**

Scheduled Dates: Depart U.S. on Monday, July 7, 2025 - Arrive back in U.S. on Thursday, July 24, 2025

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NEW participants only  How did you learn about ZMM?:
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Previous Medical Mission Experience:
Home congregation:
Congregation address:
Name of Minister or Elder:
Two References: (Name, address, phone - one should be an elder or church leader from your
congregation. Each Referrer must also complete and mail to us the ZMM Reference Form.)  1
2
Your personal goals in participating in this medical mission:
What skills or attributes do you have that you feel will make you a contributing member of the team?
Participation Agreement - ALL participants
I acknowledge that participation in Zambia Medical Mission (ZMM) involves various risks including, but not limited to sicknesses, bodily injuries, personal injuries, emotional injuries, death, property damages, financial damages, etc. In consideration for the opportunity to participate in ZMM, I accept all risks and financial responsibilities associated with participation in ZMM.
Further, I release and agree to indemnify, defend, and hold harmless ZMM and its agents, employees, volunteers, or any other representatives from and against any claim (including attorneys' fees incurred by ZMM related to this indemnity provision) which I or any other person may have or claim to have related to my participation in ZMM whether or not ZMM may be negligent.
I consent and authorize ZMM to utilize any and all information provided by me (including health related information) as they in their discretion deem appropriate to address circumstances related to my participation in ZMM including, but not limited to, medical and other emergency situations. I acknowledge that this authorization could include decisions related to my medical care.
With respect to my participation in ZMM, I consent and authorize ZMM to use and store my name and image (whether by means of digital or film photography, video photography, audio recording or any other form) in printed publications, electronic publications and on any web site created by or for ZMM.
If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable Biblically based alternative dispute resolution process. If I and ZMM cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.
By signing below I acknowledge and warrant that I have read, understand, and agree to the above term and that the information provided on this form is true and correct to the best of my knowledge. I further agree to immediately notify ZMM of any change in the information. Lunderstand that this form is valid and legally hinding until revoked in

If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.

Date:

writing by me.

Participant's Signature: