



FACELESS

be THE change.

2010 DOMESTIC HUMAN TRAFFICKING
TRIP REGISTRATION FORM

___ LOS ANGELES MARCH 4TH-7TH

___ LOS ANGELES: MARCH 11TH-14TH

___ NASHVILLE: MARCH 18TH-21ST

___ NASHVILLE: MARCH 26TH-28TH

PERSONAL INFO

Full legal name: _____
 First Middle Last

Permanent Address:

City, State, Zip: _____

Phone Number: (_____) _____

Cell Number: (_____) _____

Email Address: _____

Birth Date: ____/____/____

Gender: ____Male ____Female

I am a (circle one)

High School: FR SO JR SR

College: FR SO JR SR

Name of College (if attending)

MEDICAL HISTORY

Do you presently or have you ever suffered from any of the following:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Knee Injury | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Depression | <input type="checkbox"/> Eye Cataracts |
| | <input type="checkbox"/> Back Injury | <input type="checkbox"/> Allergies |

Other: _____

If you have checked any of the above conditions, please explain: _____

Medication Allergies: _____

Are you currently on any Prescribed Medication? Yes No
Name: _____

Would you require special housing, diet, or other special considerations while traveling? _____ If so, what (please be specific) _____

Please indicate most recent dates of the following immunizations:

____/____/____ Tetanus
____/____/____ Hepatitis A ____/____/____ Hepatitis

Please answer the following questions:

Tell us about yourself. What are your hobbies? What do you like to do for fun? How can you use these talents for the people that we meet? Do you like to build? To teach? To play sports? To play music?

What are your goals for this trip? What do you hope to learn and accomplish?

Have you been on a service trip before? Tell us about your experiences.

We are excited to have you join us on this trip! Upon completion of this form, mail it along with a money order or check for a \$50 nonrefundable deposit to:

**Faceless International
c/o Sarah Freeman
1000 Meridian Blvd #104-110
Franklin, TN 37067**

Video Release Form

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I grant Faceless International the non-exclusive, irrevocable right to record (on tape or film) my name, likeness, voice, and/or performance ("Materials") and to exhibit the Materials solely as part of and in connection with a documentary television program.

I understand that the Program or any other part thereof could be distributed via any media, throughout the world, in perpetuity, without limitation of any kind. The Materials may also be used in advertising, publicity, and promotion of the Program.

I confirm that, to the best of my knowledge, any statements I make during my interview are true and will not violate or infringe the rights of any party. I release and indemnify Faceless International in connection with respect to any claims arising out of the Materials.

I will make no claims against Faceless International or its successors or licensees in connection with my participation in the interview and/or the rights outlined in this document.

SIGNATURE

PRINT NAME

ADDRESS

CITY, STATE, ZIP CODE

EMAIL

Medical Release Form

I understand that any travel, volunteer work, or other activities I undertake in connection with Faceless International and her partners, involves inherent risks to my property, health, and life and I further understand the nature of such risks. No principal, officer, agent, employee, or other person associated with or acting on behalf of Faceless International has disavowed or contradicted anything in this document, including the statements regarding the existence and nature of the risks involved.

The undersigned recognizes and acknowledges that Faceless International is a organization engaged in various mission activities. The undersigned, for himself/herself does hereby freely and knowingly waive any and all actions, causes of actions, claims, and demands for or by reason of loss of life, bodily injury loss, including, but not limited to the contraction of any endemic diseases, costs, damage, or expense for any act or omission on the part of Faceless International or any of its officers, agents, servants, or employees for anything in any way arising from or connected with, either directly or indirectly, any volunteer activities of the undersigned volunteer or of Faceless International. The undersigned realizes that activities which he/she intends to pursue may entail some amount of risk or possible danger and desire to personally assume such risks.

I enter into this agreement freely and voluntarily in consideration of the permission to participate in the activities described herein and of the benefits associated with such activities. I understand that this agreement is contractual and binding upon me. I have read this document and understood and agreed to all of its contents before signing it.

Participant

Parent or legal guardian signature if participant is under 18

Physician:-----

Office Phone:-----

Health Insurance Carrier:-----

Group Number: -----

Policy Number: -----