



Bus Trip Travel Information and Emergency Data Sheet

FIA Release of Liability and FIA Photo Release

(Please Print all information)

Name: _____

Address: _____

Cell Phone: _____

Date of Birth: ____/____/____

Physician or Practice Name: _____

Physician or Practice Phone: _____

Emergency Contact Name: _____

Relationship: _____

Emergency Contact phone number: _____

2nd Emergency Contact Name: _____

Emergency Contact phone number: _____

Health Insurance Company Name: _____

Health Insurance Company Group/ID Number _____

Please Circle type of Room:

- **Non-Smoking**
- **Non-Smoking Handicap**
- **Smoking**
- **Smoking Handicap**

Diabetic: Yes No (please circle one)

Special Dietary/physical needs:

Please list all medications you are taking on page 2.

List Medications and Dosage

Medication Name	Dosage
_____ /	_____
_____ /	_____
_____ /	_____
_____ /	_____
_____ /	_____
_____ /	_____

**Faith in Action Bloomington Normal
Release of Liability and Photo Release**

I _____, agree to release from liability Faith in Action Bloomington Normal, its staff or volunteers for injury or illness accidentally incurred by me. A competent person may administer first aid. In the event of an emergency, I hereby give permission to the person in charge to send me to the physician or hospital as required.

I also authorize Faith in Action to publish the photographs and videos taken of me, and my name, for use in FIA's printed publications and the FIA website. I acknowledge that since my participation in publications and websites produced by FIA is voluntary, I will receive no financial compensation. I further agree that my participation in any publication and website produced by FIA awards me no rights of ownership whatsoever. I release FIA, its contractors, and its employees from liability for any claims by me or any third party in connection with my participation.

Signature _____ Date _____

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