

ADULT MTW Release Form

Participant – please complete ALL information requested, give completed form to your team leader.

Team Leader – please review and sign each form; send copy to MTW and take original to the project.

Participant's Name: _____	Project Location: _____
Birth date (mo/day/yr): _____	Project Dates: _____
Gender (male/female): _____	Church: _____
Address: _____	Church City/State: _____
City, State, ZIP: _____	Team Leader: _____
Home Phone: _____	
Alternate Emergency Contact Name and Phone: _____	

PROJECT INSURANCE COVERAGE and REQUIREMENTS

1. WHAT WE PROVIDE

MTW Short-term provides \$75,000 Travel Medical Coverage for each participant. This includes emergency evacuation expenses when necessitated by circumstances occurring more than 150 miles from home. This coverage is provided for all participants in the short-term program and is included in the project cost.

2. WHAT WE REQUIRE

MTW’s project insurance acts as a secondary coverage. **Each participant is required to have his/her own primary** medical coverage. For international projects, the primary coverage must cover them while overseas. Any participant, who does not have a primary medical insurance policy, must apply for supplementary coverage. Additional information and recommendations are attached to this form.

Please indicate the status of your primary medical insurance:

US projects:

- “I do have a primary medical insurance policy.” **Insurance Company:** _____
- “I do not have a primary medical insurance, but I am applying for supplementary coverage.”

International projects:

- “I do have a primary medical insurance policy, and I have confirmed that it will cover me while outside the US on this project.” **Insurance Company:** _____
- “I have primary medical insurance, but it will **not** cover me outside the US; I am applying for supplemental coverage.”
- “I do not have a primary medical insurance; I am applying for supplementary coverage.”

RELEASE OF LIABILITY (US and international projects)

“I am aware of the inherent risks and dangers in traveling to and ministering in other countries and the potential risks to myself and my property as a result of participation in the _____ project (including but not limited to illness, injury, acts of terrorism, death, robbery, kidnapping, or other loss or destruction of life or property). I fully assume these risks, understanding that MTW cannot be responsible for any personal loss or disaster that I may experience in connection with my volunteer ministry service to MTW. I hereby agree to waive and release any and all claims and causes of action for damages or other relief that I may have against **MTW, the Presbyterian Church in America, my sending church/organization**, any of their affiliated or member entities, and their respective officers, directors, employees, agents, attorneys, or representatives, based on my volunteer services for MTW. I acknowledge personal responsibility for my own actions outside the direction of ministry personnel, or the scope of this ministry project or program. I understand that this release of liability is effective only as it applies to, and as interpreted by the laws of the countries involved.”

Have you ever been accused or convicted of child sexual abuse? Yes _____ No _____

Signature of adult participant: _____ **Date:** _____

IMMUNIZATIONS and MEDICAL HISTORY and CONSENT

As a project participant, you are asked to give the following health information, in order for the project leadership to be aware of any risk your participation may create. Project leaders are free to require a doctor's release statement if a serious health problem exists. Failure to provide known information will release both the team leader, Mission to the World, and project leaders from responsibility arising due to complications brought on by the activities of this project.

A. Have you ever been treated or seen a physician for any of the following:

Heart Trouble	Cirrhosis	Digestive Disorder
Heart Murmur	Other Liver Trouble	Intestinal Disorder
Rheumatic Fever	Kidney Stone or Infection	Arthritis
Chest Pain	Bladder Stone or Infection	Sciatica
Stroke	Prostate Trouble	Gout
High Blood Pressure	Sugar, Albumin, Blood, or Pus in Urine	Deformity
Abnormal Pulse	Psychiatric Problem	Amputation
Hardening of the Arteries	Emotional Problem	Tumor
Diabetes	Nervous Problem	Skin Disorder
Anemia	Epilepsy	Hernia
Thyroid/other Gland Problem	Convulsion	Circulatory Disorder
Blood Disorder	Dizziness	Disease of the Eyes
Bronchitis	Loss of Consciousness	Disease of the Ears
Tuberculosis	Frequent Headaches	Disease of the Nose
Other Lung Disorder	Other Nervous System Disorder	Disease of the Throat
Ulcer	Cancer	Tested positive for any kind of blood disease
Hepatitis	Gall Bladder Disease	
Colitis	Internal Bleeding	
Asthma (Note: Some project locations are high altitude. Check with your project administrator if you are not sure of your project altitude.)		
Recurring Allergy (Note: If you are allergic to bee stings, please bring a current bee sting kit and/or prescription medication to the project.)		
Pregnant currently (Note: Pregnant women are not permitted to participate on projects rated as Intermediate, Substantial, or High Risk. Check with your project administrator if you are not sure of your project rating.)		
"I have had a tetanus booster within the past 10 years." <input type="checkbox"/> Yes <input type="checkbox"/> No, but I will have by the beginning of the project.		

B. Please explain any conditions listed above that you have been diagnosed with or treated for in the last five years.
 (Include **date** of last treatment or office visit for each item checked).

C. What medication, if any, will you be taking during the project (and for what purpose)?

D. Please indicate the status of your routine immunization history (dT-diphtheria, tetanus, MMR-measles, mumps, rubella, and polio).

"I have had all routine immunizations."
 "I have not had all routine immunizations but I will have by the beginning of the project."
 "I have not had all routine immunizations and decline to get them for this project."

F. "I have checked with my doctor, the CDC* or a travel clinic and am aware of the immunizations recommended and required for the area in which I will be traveling." Yes No

"In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional for myself."

Signature of adult participant: _____

Date: _____

Signature of team leader: _____

Date: _____

MTW Insurance coverage and requirements

MTW covers each person attending an MTW short-term project with Travel Medical & Evacuation Insurance. It is included in the project cost; no additional payment is required. Our 2009-2010 coverage is through HTH (www.hthworldwide.com).

HTH Coverage for MTW participants	International projects	US & Canada projects
Group ID	2438-MTWV-CTPO2	2438-MTWN-CTP03
Accident and Medical Coverage	\$75,000	\$75,000
Coinsurance	80/20 to \$5,000 then 100%	0
Accidental Death and Disability Benefit	\$10,000	\$50,000
Repatriation of Remains Maximum Benefit	\$10,000	\$25,000
Medical Evacuation Maximum Benefit	\$75,000	\$25,000
Deductible	\$250	\$100

More details of this coverage and its exclusions are available from MTW upon request.

Each team will receive their HTH insurance cards from MTW two to three weeks before the project.

The above MTW(HTH) medical coverage functions **secondary** to each participant's primary medical insurance. Every MTW project participant must have their own primary medical insurance, and for those going on international projects, their primary must include overseas coverage.

What if I do not have primary medical insurance?

US Projects: If you are participating in a US project and do not have primary medical insurance, you must obtain supplemental short-term coverage. This type of coverage can sometimes be purchased through your local insurance company. Contact them and tell them you need temporary medical insurance coverage for U.S. travel only. Your cost will probably range between \$50 to \$215, depending on your age, gender and the amount of deductible. We also recommend contacting either of the following to get quotes and or purchase coverage online:

Celtic Short-term Phone: 1-800-477-7870 www.celtic-net.com

Good Neighbor for short-term Phone: 866-636-9100 www.gnshorttermhealthplan.com

International Projects: If you are participating in an international project and do not have primary medical insurance, or yours does not cover you while overseas, you must obtain supplemental short-term coverage. You may want to consider Patriot International* available through IMG, or contact your local insurance company.

*Patriot International is a full major medical policy (accident and sickness) for international travel only. It is offered by IMG (International Medical Group). Assuming a \$250 deductible, the cost for this policy ranges from \$63.00 (for a \$100,000. coverage limit) to \$70.00 (for a \$1,000,000. coverage limit). You can request an application for Patriot International directly from IMG by calling 1-800-628-4664 or accessing their website: www.imglobal.com. Send your completed application directly to IMG. Please do not send these applications to MTW.

Frequently asked questions regarding primary coverage:

Q: How much coverage do I need?

A: The amount is up to the individual's preference.

Q: My primary covers me overseas, but only for catastrophic incidents.

A: That is acceptable for MTW requirements.

Q: My primary covers me overseas, but only on a reimbursable basis.

A: That is acceptable. Each team should carry emergency cash with them.

Q: Who do I contact with unanswered questions about MTW's requirements?

A: Please feel free to contact the 2 Week Department

Phone: 678-823-0004

Email: 2wk@mtw.org

How does HTH coverage work on the project?

For Accident/ Injury: Normally our project staff will be able to help with the initial care and find a doctor and/or hospital as needed.

- Always call MTW and let us know if there has been a serious injury and/or if a person is being admitted to the hospital. MTW can help in getting payment to international locations and can help advise regarding treatment options and return home.
- At the hospital/ doctor's office: Show your HTH insurance ID card as proof of coverage. For International locations, the hospital/doctor will probably want to bill the team member directly. The team leader and adult participants should be prepared to handle this cost up front if necessary.
- Upon return home: Submit a claim to your primary insurance and submit a claim to HTH. Remember to include bills/receipts.

Emergency Evacuation: Evacuation is not a 911 service. Evacuation means that the treating physician and/or hospital have advised that the person needs to be transported to an alternate treatment facility.

- Call HTH: 877-865-5979; from outside the US: 1-610-254-8772 (collect)
- Have medical personnel available to discuss diagnosis and needs. If no such person is available, state and explain why.
- Notify Mark Gazaway with MTW at 678-823-0004, or during non-business hours at 404-276-9521 (cell) or 770-886-1393 (home) that an evacuation is taking place.