

COMMISSION UNTO MEXICO REGISTRATION

Name: _____ Social Security Number: _____
(First) (M/I) (Last) (Needed for W & W Insurance)

Address: _____
(Street/P.O. Box) (City) (State) (Zip)

Telephone: (____) _____ (____) _____ Date of Birth: _____
(Day) (Evening)

e-mail address: _____ Travel plans to McAllen: Flying _____ Driving _____ SNU Bus _____

Age: _____ Male _____ Female _____ Single _____ Married _____ Home Church: _____

Are you a ... Medical Doctor _____ Nurse _____ Dentist _____ Other Medical _____ If Nazarene, which District? _____

Room Mate Preference: _____ Can you serve as a translator? _____ (Y/N)
Are you interested in participating in quizzing? _____ (Y/N)

Commitment & Release:

To make this unique cross-cultural ministry experience the most effective, I will put aside personal preferences and agree to adhere to the group's daily schedule, behavior standards and dress regulations. I understand that the Work and Witness Insurance Coverage does not include glasses, prosthesis, or hearing aide and unless these are damaged in an accident involving bodily injury. In addition, I hereby give the leaders of Commission Unto Mexico permission to secure immediate treatment for me during the trip in the event that I am not able to make that decision due to an injury or illness. I hereby release Southern Nazarene University, its agents, employees, and officers of and from any fault and negligence, and all liability and claims whatsoever arising out of or related to any injury or loss, recognizing that this does not release Southern Nazarene University from future liability for gross negligence or intentional torts.

Applicant's Signature: _____ (Parent/Guardian Signature _____) Date _____
(If you are under the age of 18, your parents/guardian must sign the Parental Release below and have it notarized.)

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Parental Border Crossing and Medical Release:

(This section for registrants under 18 years of age)

We hereby give permission for our minor child, _____ age _____ (years)
(First) (Middle) (Last)

who is my _____, and who was born at _____ on _____, 19 _____,
(son/daughter) (City/State/County) (Month/Day)

to make a tourist visit to the Republic of Mexico as part of the group from Southern Nazarene University and give consent for any doctor, nurse, and/or hospital to administer medical aid and treatment to our child if an accident is sustained or emergency exists. We hereby release Southern Nazarene University, its agents, employees, and officers of and from any fault and negligence, and all liability and claims whatsoever arising out of or related to any injury or loss that may be sustained by our child, recognizing that this does not release Southern Nazarene University from future liability for gross negligence or intentional torts.

(Parent or Legal Guardian) (Parent or Legal Guardian)

Address: _____ Address: _____

Telephone: (____) _____ (____) _____ Telephone: (____) _____ (____) _____
Day Evening Day Evening

.....
(This portion to be completed by Notary)
Sworn to before me and subscribed in my presence this _____ day of _____, 20 _____.

Notary Public in and for county of _____ State of _____.

Notary Signature _____ Commission expires _____.

(NOTE: Children under 18 years of age traveling in Mexico without their parents must have both parents sign. If traveling with only one of the parents, the child needs a signed affidavit from the other parent in order to cross the border into Mexico. If one parent has full custody, only that parent needs to sign the affidavit.)