



**lutheran
partners
in global
ministry**

4570 W 77th St Ste 124
Minneapolis, MN 55435

WELCOME TO LPGM TRANSFORMATION TRAVEL! TRAVEL REGISTRATION AND LIABILITY WAIVER

This form is required to be completed and signed by you/on behalf of your minor child prior to traveling with LPGM.

Return the completed form and a passport photocopy for each traveler to your personal LPGM representative as soon as possible upon receipt.

The information on this form is used by LPGM to secure emergency evacuation insurance as well as for reference in preparation of and during the trip. This data is confidential. It will not be shared beyond the trip leader and the LPGM representative that may need this information in an emergency. Following your travel, the form and the passport copy will be shredded.

TRAVELER INFORMATION

Country and Trip Dates (as you know them)

Traveling Companions

Full Name (Passport)

Preferred Name (if different)

Passport Number

Place Issued

Date Issued

Date of Expiration

Date of Birth

Gender

Mailing Address

City, State and Zip

Primary Phone Number

Alternate Phone Number

Email Address

I have attached a copy of my passport

Congregation (if applicable)

Congregation City & State

LPGM Travel Representative | Mary Peterson, Program Director
mary@lutheranpartners.org | 612.806.0733

TRAVELER ROLES Describe as appropriate

Pastor	Group Chaperone
Medical Professional	Construction Skills
Musical Skills	Drama Skills
Dance Skills	Other
School Administrator	Teacher
Foreign Language Fluency	
Medical Certification – like CPR (list)	

Keeping travelers safe and healthy is an important part of an LPGM trip. Therefore, it is imperative that we know the medications you take regularly and any conditions for which you may need assistance. Many conditions can be exacerbated with travel and there are medications that have unknown interactions or side effects, interrupting normal living. For instance, malaria prophylactics can worsen mental health issues and circulatory issues can flare during air travel. For this reason, we request that you complete the next section carefully and in detail. It is also essential that you visit a travel clinic as well as check with your personal physician regarding your medications and health care prior to traveling.

PERSONAL MEDICAL INFORMATION Describe as appropriate

Check all that apply to the traveler

Abdominal/digestive condition	
Allergies (Including drugs, food, insect)	
Asthma	
Depression/Anxiety/Mental Health Issues	
Diabetes	
Dizziness or Fainting	
Epilepsy	
Hearing or vision impairment	
Heart Condition	

High Blood Pressure	
Operation in the Last Year	
Pregnant	
Respiratory Problems	
Date of my COVID Vaccine	
Other:	
It is very wise to carry a copy of your prescriptions with you in case a security official needs to see it or a medical incident warrants the knowledge.	

Emergency Contact in the U.S.	
Name	Relationship
Primary Phone Number Is Texting ok?	Alternate Phone Number Is Texting ok?
Email Address	City & State of Residence

Health Insurance	
Insurance Company	Policy Number/Group Number
Contact Phone Number Assistance on your behalf	Company HR Contact (if applicable)

GENERAL WAIVER AND RELEASE

I acknowledge that as a participant of the trip I identified on page one, that ...

1. My decision is voluntary, and I understand that I could encounter health and/or safety risks as a result of my decision. Participation in a cultural exchange trip includes many risks and possible dangers, such as accidents, crime, disease, war, political unrest, injury from construction projects and other calamities, and I knowingly assume the possible risks I may encounter on this trip.
2. It is my responsibility to assess all the risks associated with traveling to the above country and I understand that I am at liberty to change my mind about participating though I will forfeit my deposit if I change my mind.
3. It is my responsibility to maintain a current knowledge of travel advisories, medical advisories, or other risks until my departure and while I am overseas. I agree to notify the team leadership if I learn of anything that may become a risk to others or myself at any time.
4. The Lutheran Partners in Global Ministry (LPGM) staff and other trip leaders may not be able to or be allowed to intervene if I am a victim of an act of crime or violence.
5. Medical care and medical facilities might not be readily available, and they may not meet the standards I would expect in the United States. I have told my physician about my trip and have received the appropriate vaccines and immunizations. To the best of my knowledge my health is good enough to undertake the trip.
6. LPGM shall not be responsible for any financial losses caused to me in connection with any social or political unrest, or any other actions, omissions, or conditions outside LPGM's control.

I agree:

- to act in a responsible way while on the trip and to follow the directions of the leadership to minimize risks to myself and other members of the team.
- that LPGM may use and/or display my name, or photo without limitation for promotional purposes without further consideration. I give LPGM permission to use in any manner, reproduce, and/or publish any picture, video, or narrative I take during the trip which I provide to them and any in which I may be included without restriction. I understand that LPGM will use it in a lawful way, and I waive any right to approve the copy of and or use to which it may be applied.
- to unconditionally release and hold harmless Lutheran Partners in Global Ministry (LPGM) and all officers, agents, and staff of LPGM for any and all claims or liability for any personal injury, damage or loss which might occur while I am on the trip including travel to and from the LPGM partner sites.

Signature of traveler

Printed name of traveler

Date

Signature of parent if traveler is a minor
Signature of spouse if traveler is married
and the spouse is not traveling.

-or- Printed name of parent if traveler is a minor -or-
Printed name of spouse if a traveler is married
and the spouse is not traveling.

Date