



4945 Bradenton Ave. Suite B
 Dublin, OH 43017
 (614) 798-8828

Please complete:

Trip Dates: _____

Country: _____

Schools for the Children of the World (SCW) Education Team Registration

Please print clearly:

Name as it is on your passport: _____ Name you go by: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Mobile Phone: () _____

Email: (please print clearly) _____

If you have traveled with SCW before, is this a new address , phone number(s) , and/or email ?

Birth Date: _____ Age: _____ Marital Status: (circle) S M D W Gender: (circle) M F

Profession: _____

Required Information:

Passport Number: _____ Country of Passport: _____ Expiration Date: _____
(see bolded note below re: expiration date)

If you are not a U.S. citizen, it is your responsibility to check with the Embassy of Honduras to determine if you need a visa for entry into Honduras. The phone number for the Embassy of Honduras in Washington, D.C. is (202) 966-7702. You may be referred to a Honduran Consulate near you.

Your passport must be valid 6 months beyond the date of your planned return to the U.S.
 Please attach a copy of the information page of your passport.

Number of times you have been on SCW Team trips: _____ T-shirt size: (circle one) S M L XL XXL

Spanish speaking ability: Hablo mucho. Asi asi. Un poco. None

IN THE EVENT YOU BECOME ILL OR INJURED ON TRIP, please

List health problems or concerns that we need to be aware of:

List all prescription medications that you will be carrying with you, and why:

Known allergies (medication, food, environmental, etc.):

In the event of an emergency, please list a contact person:

Name: _____ Relationship: _____

Home phone: () _____ Work phone: () _____ Mobile phone: () _____

Payment Information:

Amount Enclosed: \$ _____

I accept the financial responsibility for this trip even if I choose to later cancel. [Note: most airline tickets are non refundable]. I also understand if full payment is not enclosed and airline tickets are purchased on my behalf, I will be responsible for the cost.

_____ Date _____

Parent/Guardian Signature for persons under the age of 18

_____ Date _____

Schools for the Children of the World (SCW) / Heart to Honduras Inc. (HtH)

AGREEMENT AND RELEASE FORM

Schools for the Children of the World (SCW) team trips to Honduras are coordinated with Heart to Honduras Inc. (HtH). Therefore this AGREEMENT AND RELEASE FORM is to address the requirements and liability issues of both organizations.

1. I understand that a **valid passport** is required for me to enter and exit Honduras.
2. I understand that
 - a. the SCW **Registration Form**
 - b. the SCW/HtH **AGREEMENT AND RELEASE FORM** [this document], and
 - c. one **photocopy** of the information page of my passport **must** be filed with the Schools for the Children of the World office in Dublin, OH in order for me to participate in this trip.
3. I understand that I will be responsible for the cost of the trip.
4. I understand that I am visiting Honduras as a guest of SCW and HtH and that my actions will reflect on the work and efforts of these organizations; therefore, I will display the attitude of a servant fieldworker and guest throughout this visit.

This instrument is freely given, and fully understood, by the undersigned to SCW and HtH for myself, my heirs, and personal representatives for the opportunity to witness and travel in Honduras. It must be fully executed, then accepted, before travel will be permitted.

WHEREAS, the undersigned desires to travel to, within, and to return from the country of Honduras under the auspices of SCW and HtH, now I therefore, for good and valuable consideration received, the receipt and sufficiency of which is hereby acknowledged, declare:

1. **Authorization.** If I need medical care, including surgery, while with SCW and/or HtH, I authorize and appoint SCW or HtH and its duly authorized agents to secure any and all available medical attention, including surgery, and specifically authorize them to sign on my behalf any and all permission forms, release forms, etc.
2. **Release.** I completely understand and fully acknowledge that there is physical risk and danger to my person and property inherent in travel to, within, and returning from Honduras. Nevertheless, I waive and release any and all right, claim, or cause of action which may arise against SCW and HtH due to any risk or danger, including property loss, injury, sickness, death, or being taken hostage, or for any other reason.

I agree to exempt compensation and hold harmless SCW and HtH against any claim, cause of action, or judgment obtained, arising from negligence, recklessness, willfulness, or from any other cause. This instrument is valid only when accepted by SCW and HtH within the state of Ohio, and any litigation concerning my travel, any injury or loss, or the construction of this instrument shall be brought only in Greene County, Ohio.

3. I understand that there is a stringent policy of no use of tobacco or alcoholic beverages or illegal drugs while in Honduras and my signature below indicates my acknowledgment, agreement and adherence to this policy without exception.

Signature of Traveler	/ /	Date of Birth
Print Name	Home Telephone	Work Telephone
Street Address	City, State, Zip Code	
Signature of Mother/Legal Guardian* (If the above person is under the age of 18 years)	Signature of Father/Legal Guardian* (If the above person is under the age of 18 years)	

The original of this form must accompany a minor at check-in with the airlines.

***Both parents' or legal guardians' signatures are required for children under age 18 traveling to Honduras under the auspices of SCW/HtH, and the signatures of said parents or legal guardians indicates their acceptance of the terms of the Understanding and Agreement/Authorization and Release as laid out above. Airline check-in could be delayed or denied especially if the minor is accompanied by only one parent and does not have the notarized signatures of both parents or legal guardians.. Should the minor have only one parent or legal guardian of record, a notarized copy of the minor's birth certificate or other documentation attesting to only one parent or legal guardian must accompany the minor on the flight. This original form must also accompany the minor on the flight.**

ACKNOWLEDGEMENT

This instrument was acknowledged under oath before me in _____ County, state of _____, on _____ by _____.
Personally known to me (___), or identity verified by driver's license (___) (indicate by an "X").

NOTARY PUBLIC My commission expires: _____

