

**~First Presbyterian Church~**  
Nashville, Tennessee  
and



**Summer 2008 College Mission Trip to Quito, Ecuador**  
**June 19th – June 27th**

Full Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Home # \_\_\_\_\_ Email \_\_\_\_\_  
College \_\_\_\_\_ College Address \_\_\_\_\_  
Home Address \_\_\_\_\_  
Parents' Names and best contact # \_\_\_\_\_  
Other contact/number in the event of emergency \_\_\_\_\_

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Medical Consent: 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.

Insurance Information: I understand that First Presbyterian Church of Nashville has basic liability insurance that may or may not provide coverage for personal injuries of members while on the mission field and that FPC will take appropriate steps to obtain payment in the event of an injury or sickness that occurs as a result of missionary service. I agree to provide my own medical insurance coverage to supplement the coverage provided by the FPC and agree to work with the FPC to properly execute any claims that may arise. **Prior to trip departure (preferably with this form), I agree to provide a copy of my family's health insurance ID card to the trip leader.**

Financial Responsibility: **The cost of the trip is \$2000 made payable to First Presbyterian Church.** I agree to pay ½ of the trip cost (less the \$300 deposit) by March 1, 2008 and the balance by April 15, 2008. *Please note there will be an additional financial cost incurred by each student for vaccinations and/or other medications required. Cost may range from \$110 - \$350 depending on immunizations already received by the participant. I agree to receive all vaccinations at my own cost as prescribed by the CDC and First Presbyterian Church per the schedule provided.*

\_\_\_\_ Enclosed is my check for \$300 as a **non refundable, non transferable** deposit. **(no refunds for cancellations after April 30, 2008)**

\_\_\_\_ If you need financial assistance, please indicate and we will send you a scholarship form.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Please return this form to First Presbyterian Church ~ 4815 Franklin Rd.,  
Nashville, TN 37220 Attn: Linda Morphis (615.298.9508)**