RPI Missions Emergency Contact Form

RPI Missions 2025

Full Name:		
Address, City, State:		
Cell Phone: Home	Phone:	
In the event that I am involved in a medical emergence Contact One Name(s):	• •	
Relationship:		
Phone:		
Address:		
Email:		-
Contact Two Name(s):		
Relationship:		
Phone:		
Address:		
Email:		
Physician Information Name of Physician:		
Address:		
Phone:		_
Insurance Information Insurance Carrier:		
Phone:		_
Special Instructions:		
Do you have any medical condition or are you taking of an emergency? If so, what?	any medications of	which we should be aware of in the event
Are you allergic to any medication, food, or insects?	[] Yes	[] No If so, which?
Are you taking any medications? [] Yes [] No If so,	which medications	?

Thank you for providing this information, which will receive the fullest measure of confidentiality.

ASSUMPTION OF RISK / RELEASE OF LIABILITY

I acknowledge that I am aware that I am participating in a trip in which there are certain inherent risks and dangers, including, but not limited to: physical exertion for which I may not be prepared; vehicular traffic; road hazards; international transit and flights, consumption of food and beverage; any or all of which could be risky and I do at my own risk.

I further acknowledge that the enjoyment of adventure and travel involves the assumption of inherent risks and dangers and, as lawful consideration for being accepted for participation in this program, I hereby release and discharge RPI Missions, Rural Pastors Institute, Rural Pastors International, and its agents and employees from and against any and all liability arising from my participation in the program. I agree this Release shall be legally binding upon me personally, all members of my family, and all minors traveling with me, my heirs, successors, assignees, and legal representatives; it being my intention to assume fully the risks of travel and to release RPI Missions, Rural Pastors Institute, and Rural Pastors International from any and all liabilities to the maximum extent permitted by law.

I understand that my participation is subject to acceptance and approval by RPI Missions, Rural Pastors International, and the Rural Pastors Institute. In the event a legal dispute should arise involving any subject matter whatsoever, I agree that the dispute will be governed by Michigan law.

I have corefully read and fully understand the contents and legal remifications of this document. I understand that

KNOWING AND VOLUNTARY EXECUTION

6 , 6	ble agreement and sign it of my own free will.	D' (M
Signature	Date	Print Name
PARENT	OR GUARDIAN OF MINOR	
	w named minor, hereby give my permission for mividually and on behalf of my child or ward to the	•
Name of Minor	Date	Signature of
Parent/Guardian		_ -

Travel Information Form

Mission Trip: Uganda 2025

Destination City: Entebbe Uganda

Airline: Delta/KLM Date: Jan. 29-30

Chicago-Ohare, IL (ORD)	>	Amsterdam, Netherlands (AMS)	Flight Number: DL 9602
Departs 01/29/2025 @ 4:25 PM		Arrives 01/30/2025 @ 7:10 AM	*operated by KLM
Amsterdam, Netherlands (AMS)	>	Kigali, Rwanda (KGL)	Flight Number: DL 9318
Departs 01/30/2025 @ 10:05 AM		Arrives 01/30/2025 @ 7:35 PM	*operated by KLM
Kigali, Rwanda (KGL)	>	Entebbe, Uganda (EBB)	Flight Number: DL 9318
Departs 01/30/2025 @ 8:45 PM		Arrives 01/30/2025 @ 10:50 PM	*operated by KLM

Return Flight: Chicago, IL

Airline: Delta/KLM

Date: Feb. 9-10
Entebbe, Uganda (EBB)

Entebbe, Uganda (EBB)	Amsterdam, Netherlands (AMS)	Flight Number: DL 9318
Departs 02/09/2025 @ 11:59 PM	Arrives 02/10/2025 @ 7:05 AM	*operated by KLM
Amsterdam, Netherlands (AMS)	Chicago-Ohare, IL (ORD)	Flight Number: DL 9382
Departs 02/10/2025 @ 12:35 PM	Arrives 02/10/2025 @ 2:30 PM	*operated by KLM

Return Flight Destination City: Chicago, IL Airline: KLM

Arrival Time: 2:30 pm Chicago *Entebbe, Uganda is 9 hours ahead of Chicago—We fly back in time 🙂

 $Please\ return\ these\ forms\ to\ RPI\ Missions:\ \underline{ruralpastorsinternational@gmail.com}$