

www.giveshoes.org



2900 Lebanon Road • Suite 210 • Nashville, TN 37214
Phone (615) 391-5723 • Fax (615) 391-5730

2008/2009 Relief Team Member Information Form

Name (as it appears on passport) _____ Preferred Name _____

Birth Date: ____/____/____ Age: _____ E-mail Address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Work # (if you can be contacted at work): _____

Shirt Size: S M L XL 2X 3X

Company/Church /Team Name: _____

Emergency Contact and Phone Number: _____

Preferred Location for Mission Trip: _____

Preferred Dates for Mission Trip: _____

Do you have any medical restrictions/handicaps/medical allergies that we need to be aware of?
Yes ? No (If yes, explain) _____

Work skills (i.e.: carpentry, masonry, painting, etc.)

What do you hope to achieve from participating in this shoe distribution trip? _____

List and team members you will be traveling with:

1. _____
2. _____
3. _____
4. _____

Each team member is required to submit a \$35.00 **non-refundable/non-transferable registration fee**. Each team member must also submit a \$150.00 **non-refundable deposit fee** in order to secure a spot on a team. All checks will be made payable to your Soles4Souls or pay online.

GENERAL RELEASE TO SOLES4SOULS, INC.

FOR THE CONSIDERATION OF being allowed to participate in a Soles4Souls, Inc., shoe distribution trip on _____, 200__, and other good and valuable consideration, the receipt and sufficiency whereof is hereby acknowledged, the undersigned hereby releases and forever discharges Soles4Souls, Inc., its officials, administrators, agents, employees and assigns, and all persons liable or who might be claimed to be liable, none of whom admit any liability to the undersigned but all expressly deny any liability, from any and all injuries, claims, demands, damages, actions, or causes of action resulting from or related to in any way to said Soles4Souls, Inc. shoe distribution trip.

The undersigned hereby declares that he or she has completely read and does fully understand and voluntarily accept this release for the purpose of precluding forever any claims arising out of the aforementioned Soles4Souls, Inc. shoe distribution trip.

IN WITNESS WHEREOF, I the undersigned have caused this Release to be executed on this _____ day of _____, 200__.

YOUR PRINTED NAME: _____

YOUR SIGNATURE: _____

STATE OF _____

_____ COUNTY

I, the undersigned authority, a Notary Public for the State of _____ at Large, do hereby certify that _____ executed the foregoing release in my presence and acknowledged that he/she did so of his/her own free will with full understanding of its contents on this _____ day of _____, 200__.

Notary Public

My Commission Expires: _____