



Evangelical Friends Church MAYM
Liability & Medical Release Form
Saltshaker 2026

Please print, fill out in full and mail to the
Friends Ministry Center by April 1, 2026 along
with the Registration Form.

Friends Ministry Center
EFC-MAYM
2018 Maple
Wichita, Kansas 67213

Parents – please read all Saltshaker information at efcmaym.org.
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Signature Required (Parent or Legal Guardian signature also required for ages 17 and under)

Agreement for parents of applicants age 17 or under: I, the parent or legal guardian of the applicant listed on this form, certify that he or she has my full approval to participate on this Evangelical Friends Church MAYM Saltshaker mission trip. The applicant identified on this form understands that all Saltshaker participants are expected to abide by the Saltshaker Trip Policies posted at efcmaym.org (which I have read) and be directly responsible to Saltshaker leaders.

Agreement for all mission trip participants: I understand the registration costs (which are subject to change), deadlines, items not included with registration cost (including required Passport and Immunizations), and cancellation policies outlined at efcmaym.org.

I understand that Saltshaker does not require all recommended immunizations and I take full responsibility for immunization choices as recommended by my doctor and www.cdc.gov. Note: some immunizations need taken a few months in advance of trip to be effective. I authorize the Saltshaker Director or Host Missionary, in the event that I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment or for transportation home if necessary. I also understand that EFC-MAYM will not carry medical insurance outside of the United States for this participant.

I do certify that said applicant is covered by adequate accident insurance. I will not hold EFC-MAYM, its representatives, or hosting missionaries responsible for personal injury or loss of valuable of any kind.

Parent Signature (if participant is age 17 or under)	
Date	

Signature of Participant

I have read, understand, and will abide by all policies set forth by Saltshaker & EFC-MAYM.

Signature	
Date	
Name of Participant	
Name of Parent or Legal Guardian	
Parent best contact phone	
Other emergency contact phone	
Health Insurance Provider	
Policy Number	

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To be filled out by participant: (Page 2 of 2)

Do you have any physical limitations such as weight problems or chronic injuries that would hinder your ability to participate in vigorous activities? If so, please explain

Do you have any medical problems or emotional disorders or require any special refrigerated medication or powered equipment? If so, please explain

Are you presently taking any prescription or non-prescription medicine on a regular basis? If so, please list.

Are you allergic to any medication or food? List allergies and reaction type.