



# China Service Trip

*This form is CONFIDENTIAL and will be used only for the purposes of this service trip.*

Trip Location: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Personal Data (Please print or type)

Please print name as it appears on your **PASSPORT**.

Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Commonly used name (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) (Phone) (Relationship)

Do you have a current passport?  Yes  No

Exp. Date: \_\_\_\_\_ Citizenship \_\_\_\_\_

Current Status:  Student  Faculty  Doctor  Guest

If Student, Quarter level: \_\_\_\_\_ Clinic level: \_\_\_\_\_ Currently seeing out patient:  Yes  No

Food Intolerance:  No  Yes, if "Yes" describe: \_\_\_\_\_

Shirt Size:  S  M  L  XL  XXL  XXXL

**(China shirt size are 2 smaller than American size)**

Method of Payment:  Cash  Venmo  Check *(Deposit to Aspine Health Group)*

[paypal.me/aspinehealth](https://paypal.me/aspinehealth) *PayPal has an additional 3% for Credit Cards*

Agree to pay deposit of \$1000 to reserve spot



How did you hear about this service trip?: \_\_\_\_\_

What are your looking for on this service trip?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Conditions for Participation**

Our purpose is to offer service, learning, adventure and a group experience within the boundaries of safety, common sense and the law. While participating in this service program, participants must follow the stated instructional sequence and safety standards given by the staff. Unsafe actions taken by any participant are grounds for dismissal. Possession or use of weapons, illicit drugs, as well as sexual activity with local community members and unauthorized absence from the group are prohibited. We reserve the right to dismiss participants who we believe have violated any of the conditions for participation in our program, have become an overall hindrance to the group process or the stated goals of the program. Participants who are dismissed or who withdraw will travel home at their own expense. We reserve the right to deny participation of participants who have violated rules of our program. Participants in our programs agree to permit us to use photos, videos and creative writing in promotional, documentary, and other educational publications.

I agree and understand that I will not consume alcohol on clinic days. I understand inappropriate behaviors may cause dismissal of the program and/or may be prohibited to participate in further activities of the service trip.

We reserve the right to refuse and/or decline acceptance to a participant at any point if we believe he/she is unsuitable for our programs for any reason including: health, physical ability, or behavioral history. If the participant has been found to lie on any form, their application or involvement in the program will be withdrawn.

## **Assumption of Risk, Waiver of Liability and Indemnification Agreement**

I have read and understand the program descriptive materials for which I am applying, and the above contract. I agree to these terms and conditions as they apply to any activity offered by your organization. I understand that there are certain risks inherent in a number of activities and programs; I understand the nature of these programs and accept the risks involved. I agree to release, waive, covenant not to sue, indemnify and hold harmless your organization and its agents of any and all liability from negligence and responsibility of any nature for any loss or damage to property or personal injury, including death or illness, I incur while participating in a program. I understand that should I bring legal action against your organization that results in a decision in your favor, I will be responsible for all legal fees, court costs, and your organization's out of pocket expenses.

## **Program Fee Information**

Applications submitted prior to program start date will require a \$1000 non-refundable deposit to reserve a program space. We will not continue to reserve the space of any participant whose balance is unpaid after the due date.

Program fees cover all program activities, hotel and all meals while in China. They do not cover transportation to and from the starting or ending points of programs, unless participant has payed the all inclusive package of 3,000 USD. Personal spending money, passport, expenses for professional medical care, or personal needs are not included. Our refund policy is based on our investment in the program. Costs are determined on a program basis, not per person. Therefore, with trip cancellations you may be able to recover some of the program fees, but not in full amount. In addition, last minute cancellations can prevent potential participants on the waiting list from participating.

## **Health Forms**

In case of illness or injury, we have the right to administer first aid and/or take the injured participant to medical services. The cost of these services, including expenses for both the participant and accompanying staff person, are the responsibility of the participant. Participants who leave the program for medical reasons are not eligible for a refund.

## **Risk Management**

The physical and emotional well-being of our participants is the primary concern of our staff and leaders. Our risk management protocol cannot remove all risk; participants must understand the nature of our programs and accept the inherent risks involved in such activities.

## **Equipment**

Participants are required to bring with them their tables for adjusting and diagnostic tools for assessment. We are not liable / responsible for any loss or damage to tables or other equipment brought by participants.

## **Fundraising**

We strongly encourage each participant to raise as much as they can prior to the program for service projects.

## **Adjusting while on the program**

As the licensed doctors are taking responsibility for the patients under your care, all adjusting will be done with the guidance of a licensed DC. Participants who are found to be adjusting outside of designated adjusting hours or without DC permission will place themselves in a position to be removed from the program at the expense of the participant. This is intended to maintain the integrity of Chiropractic and the view the public may inherently gain when conducted in the country we are serving.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_