

**True North Helping Hands Summer 2026**  
**Mexico Mission Application and Agreement Form**

**Section A - Application**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

**Section B - Agreement**

I hereby agree to travel to Baja, Mexico and work with True North Helping Hands on the building project in Mexico from June 27<sup>th</sup>, 2026 – July 4<sup>th</sup>, 2026.

I hereby confirm that I am 18 years old or older, in good health, and I have reviewed the rules and requirements for this trip and agree to abide by them. I understand that the leaders on this trip will set the rules and I agree to submit to their leadership.

I hereby release, forever discharge, and agree to hold harmless and indemnify the True North Helping Hands Society, its directors, officers, agents, volunteers, other team members, and all persons acting on its behalf from any and all liability, claims, demands, actions or rights of actions, which are related to, arise out of, or are in any way connected with my participation in this activity, which I now have or may have in the future, specifically including but not limited to the negligent acts or omissions of any persons so released, held harmless and indemnified and specifically including claims relating to any personal injury that I may suffer.

\_\_\_\_\_  
Team Member                                      Date

**Section C – Medical Information**

Health Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Dentist \_\_\_\_\_ Phone No. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Date of last tetanus immunization \_\_\_\_\_

Allergies, medical conditions, or medications \_\_\_\_\_

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