

# **Mission Trip Consent Form**

## **Waiver and Release for Youth Participants**

### **Basic Information**

Change Volunteers is organizing a mission trip to (location) \_\_\_\_\_ from (Start date) \_\_\_\_\_ through (Return Date) \_\_\_\_\_. The trip is under the supervision of Change Volunteers and includes both youth and adults. The work may include support ministries to local orphanages, schools, and area churches. Change Volunteers will do all in its power to ensure that the trip is as safe as possible and a time of spiritual growth for all who participate.

In order to participate we require a consent and release form to be signed. "We (I)" and "Our (My)" refers to the parent(s) and/or legal guardian(s) of the minor participant. "Ministry" refers to Change Volunteers.

The undersigned, having full authority to do so, does hereby give permission for our (my) child:

(Print name) \_\_\_\_\_ to attend and participate in the above mentioned mission trip through Change Volunteers.

### **We (I) Understand the Risks Involved**

As a parent or guardian of a minor participant, I understand that any activity has risk and potential for injury. We (I) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in the activities involved herein. We (I) affirm that the participating minor named above is fit and able to take part in the sponsored activities.

We (I) understand that travel to a foreign country also involves the normal risks associated with air transportation and ground transportation, as well as living and working in a developing country, for which the Ministry is not responsible. We (I) release and agree to hold blameless Change Volunteers, and its agents, representatives, and leaders for injury, loss, or damage associated with any and all potential risks.

### **We (I) Understand Our Regular Health Insurance May Not Cover Treatment In Africa**

Many health insurance policies, except for travel insurance, do not cover many or all expenses for treatment outside the United States. We (I) understand that we (I) are responsible for medical expenses incurred on this trip. We (I) will not hold Change Volunteers, its agents, its representatives, and leaders responsible for medical costs for our child.

### **Participant's and Parent's Responsibility**

We (I) understand that while the minor is participating in any event or activity through Change Volunteers, leaders and responsible adults will exercise due diligence in providing for the safety and health concerns of participants.

We (I) agree that should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs involved.

We (I) agree to hereby release and forever discharge and agree to hold harmless the Ministry, its directors and designates from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the minor participant.

The undersigned also hereby releases the Ministry and its directors, agents and designates for any liability sustained as the result of the negligent, willful or intentional actions of the minor participant, including expenses and agree to indemnify the Ministry or its agents or designates in the event of any claim against them flowing from acts of the minor participant.

**Agreement to Allow a Local Medical Professional to Administer Medical Care**

*In the event of minor's injury, illness, or incapacitation during the trip or its activities, we (I) authorize Change Volunteers to obtain and allow administration of dental, medical, or surgical treatment including but not limited to the X-rays, anesthetic, or anesthesia by any medical professional chosen by the Ministry. We (I) also give permission for a licensed and/or registered local medical professional to provide our (my) child over the counter medication (for fever, colds, diarrhea, etc.) By signing below, we (I) understand and agree that this consent is given in order to encourage Change Volunteers and the medical professionals to exercise their best judgment as to such diagnosis and medical, dental, or surgical treatment. We (I) personally assume the duty of payment of any medical professional, hospital, clinic, or ambulance service, and release Change Volunteers from any such duty of payment.*

Signature of Father/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date: \_\_\_\_\_