



## PARENTAL CONSENT AND AUTHORIZATION

For Minors under the Age of 18

### *Foreign Travel*

Parents or legal guardians of minor children are required to complete this form and return to the team leader. If you have sole custody, provide a copy of the court decree to your team coordinator. The team leader will bring these documents (all pages) on the trip for verification. This form is NOT valid if completed by the child traveling. This form must be signed by both parents (as applicable) or the legal guardian and the temporary guardian (if applicable) in the presence of a notary. The information requested is designed to assist MIRA Missions in providing for the safety of minors during missions trip activities.

Minor's Name ("Child"): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Email: \_\_\_\_\_  
Address is the same as Child's (skip to phone information)

Father's Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Father's Phone Numbers – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Email: \_\_\_\_\_  
Address is the same as Child's (skip to phone information)

Mother's Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mother's Phone Numbers – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_



## **Medical Information:**

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Is your Child presently being treated for injury/sickness or taking any form of medication? If yes, explain.

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

Please list medications, foods or environmental conditions that Child is allergic to, and expected reactions.

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

Does your Child have any physical condition or illness that would prevent him or her from participating on this mission trip? No Yes (explain)

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

Does your Child have (or ever had) any medical condition that could require special attention?

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

Are there any activities that you would not want your Child to participate in?                      No                      Yes (explain)

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

### **I/We approve the following travel plans:**

Dates of Travel: \_\_\_\_\_ Team Confirmation # (if applicable): \_\_\_\_\_

Destinations/

City and Country \_\_\_\_\_ I

authorize the team leader to make any changes to the travel plans specified above as circumstances dictate.

Sending Organization: \_\_\_\_\_ Organization Location: \_\_\_\_\_



## **Medical Treatment Authorization**

I/We, the parent(s) and/or legal guardian(s) of Child, understand that we will be notified in the case of a medical emergency involving the Child. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event the Child is injured or becomes ill. We authorize the temporary guardian or any leader on this trip to make emergency medical care decisions on behalf of our Child, if required by law or a health care provider.

I/We, the parent(s) and/or legal guardian(s) of Child, understand that Make Impact Right Away Missions and its affiliated ministries, and/or any of their directors, employees, and volunteers shall not be responsible for medical expenses incurred on the basis of this authorization, and we hereby agree to hold harmless, defend and indemnify, its parents, subsidiaries and affiliates, officers, directors, employees, volunteers and agents from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, pertaining to the

provision of medical services for our Child. It is our express intention to defend, indemnify and hold harmless MIRA Missions from all claims arising out of, or resulting from, or in any manner relating to the treatment, medical or otherwise, of our Child.

I/We agree to notify MIRA Missions in the event of any health changes which would restrict the Child's participation in this mission trip. We also understand that any representative reserves the right to restrict the Child from any activity for any reason.

## **Policy Requirements for Minors**

Guidelines for minors have been established by Make Impact Right Away Missions and are taken from the U.S. Child labor laws, U.S. Department of State International Travel Guidelines, and IRS criteria for volunteer labor and travel expenses abroad. Our desire is to give everyone an opportunity to serve on a team trip. We do not intend to stifle any persons from being in a position for God to speak to their hearts regarding future involvement in missions. Minors under age 18 are allowed to travel without a parent or legal guardian, but they must have a signed Parental Consent and Authorization form and travel insurance coverage through Talent Trust. The team leader will assign one or more adults to supervise the Child at all times for the duration of the trip.

## **Consent, Certification, and Assumption of Risk**

IN CONSIDERATION of our Child being accepted for this mission trip, I/We, the undersigned, being the parent(s) or legal guardian(s) of the Child named above do hereby consent to the Child's participation on a team outreach sponsored by Make Impact Right Away Missions to the destination noted above, including, but not limited to, all of the activities customarily associated with a Make Impact Right Away Missions trip unless noted above.

1. **Status.** Further, I/We hereby certify that the Child is physically fit and adequately trained to participate in an overseas team trip. I/We have contacted either our public health department or a travel clinic and our family doctor regarding vaccinations, immunizations, and other precautions for the prevention of disease. I/We further certify that the Child has followed and is following all procedures (shots, serums, medications, etc.) recommended by our family doctor and the above agencies.



2. Risks of international travel; U.S. State Department and CDC warnings. I/We the parent(s) and/or legal guardian(s) are aware of the hazards and risks to the Child and property associated with serving in a missions capacity, such hazards and risks including but not being limited to injury; increased stress; accident; disease; inadequate medical services and supplies; death; criminal acts (including terrorism); natural disasters; weather conditions; government action; risks of traveling to or from international destinations; and foreign political, legal, medical, social, and economic conditions. The country or countries to which the Child will travel may have health and safety standards that differ from those enjoyed in the United States, and I/we recognize that the Child may be subjected to potential risks, illnesses, injuries, and even death. I/We have made an investigation of these risks, understand these risks, and assume them knowingly and willingly on our own and the Child's behalf. We further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23- 28)

I/We also acknowledge that in working, living and traveling in cities abroad, the Child may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which he or she is accustomed to in the United States. We acknowledge that it is my/our responsibility to take every precaution to ensure that the Child knows the required measures needed to safeguard his/her health and to protect his/her personal belongings from damage or theft.

I/We have read and understood all information on the U.S. State Department website (<http://travel.state.gov>) about the country or countries to which the Child is traveling, including, without limitation, the U.S. Department of State Consular Information Sheet and the State Department Warning (if applicable). I/We also have reviewed the U.S. Centers for Disease Control health advisory information relating to travel abroad found at <http://www.cdc.gov/travel>, and any additional information available from the World Health Organization website (<http://www.who.int/>) and Travel.State.Gov.

I/We understand and agree that if, during the Child's participation in the above-described activities, Make Impact Right Away Missions learns that he/she is experiencing serious health problems, has suffered an injury, or is otherwise in a situation that raises significant health and safety concerns, then Make Impact Right Away Missions may contact the person whose name is provided as "emergency contact."

3. I/We understand that while the above-named Child participates on a team trip, he or she is responsible to comply with all orders and directives of the team leader and/or the Make Impact Right Away missionary in charge.

#### 4. **GENERAL RELEASE AND ASSUMPTION OF RISK:**

**KNOWING THE RISKS DESCRIBED ABOVE, WE AGREE, ON BEHALF OF OURSELVES AND OUR CHILD, FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING OUR CHILD'S PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, WE RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY MAKE IMPACT RIGHT AWAY MISSIONS, AND ITS AFFILIATED MINISTRIES, AND ANY DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH OUR CHILD MAY SUFFER, OR FOR WHICH OUR CHILD MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO OUR CHILD'S PARTICIPATING IN SAID ACTIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON OUR CHILD'S PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.**



5. Ransom policy I/We understand and accept the following policy regarding ransom payments:

*The Make Impact Right Away Missions Board has determined that Make Impact Right Away Missions will not pay ransom or yield to the demands of anyone who takes one of our missionary family or staff hostage. Make Impact Right Away Missions will also not encourage or participate in third-party payments of ransom. Make Impact Right Away Missions pledges itself to every effort in prayer and will take all reasonable steps to secure the release of any member held hostage and/or detained. Make Impact Right Away Missions strongly opposes the payment of any extorted commodities or service and will not pay expenses incurred by captors. Make Impact Right Away Missions will not permanently concede land or remove missionaries from ministry locations as a part of any negotiated settlement with hostage takers. Make Impact Right Away Missions believes that this approach helps reduce the risk of Make Impact Right Away Missions personnel being targeted for kidnapping and was made after sufficient study of the policies of other evangelical missionary agencies and after considering the advice of the United States State Department.*

6. I/We expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me/us enforceable against me/us in accordance with its terms.
7. Invalidation of any one or more of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.
8. I/We expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I/We further state that I/WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I/WE VOLUNTARILY SIGN THIS AGREEMENT AS MY/OUR OWN FREE ACT.

### **Photograph & Video Release Form**

I/We hereby grant Make Impact Right Away Missions permission to the rights of the Child's image, likeness, and sound of their voice as recorded on audio or video tape without payment or any other consideration. I/We understand that the Child's image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein the Child's likeness appears. Additionally, I/We waive any right to royalties or other compensation arising or related to the use of the Child's image or recording.

I/We agree that Make Impact Right Away Missions may use such images of the Child with or without the Child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I/We acknowledge that I/We have completely read and fully understand the above release and agree to be bound thereby. I/We hereby release, defend, hold harmless and indemnify Make Impact Right Away Missions from any and all claims for utilizing this material.

### **Insurance Election**

I/We are aware of the hazards and risks to the Child associated with serving in a mission's capacity. I/We further understand that Make Impact Right Away Missions currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, and that I/We are responsible for obtaining any additional insurance coverages that I/We consider necessary.



## **Temporary Guardianship**

A temporary guardianship is required if neither parent is traveling with their Child. The temporary guardian must be 21 years old and must sign this form in the presence of a notary public.

I/We the parent(s) or legal guardian(s) of the Child listed above do hereby grant temporary guardianship of Child to \_\_\_\_\_ as temporary guardian, for the dates and travel plans listed above. This Temporary Guardianship agreement will serve as a legal and binding document that will allow the Child to obtain medical treatment and to make any decisions regarding the needs of the Child for this period.

I/We understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Texas, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Texas, excluding its choice of law rules.

**We attest to the truthfulness, accuracy, and validity of the foregoing statements.**

Minor's Name: \_\_\_\_\_

\_\_\_\_\_  
*Father's/Legal Guardian's Signature Date*

\_\_\_\_\_  
*Mother's/Legal Guardian's Signature Date*

\_\_\_\_\_  
*Temporary Guardian's Signature (if applicable) Date*

### ***Certificate of Acknowledgement of Notary Public***

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Acknowledged before me on \_\_\_\_\_ (date)

By \_\_\_\_\_ (parental/legal guardian)

And \_\_\_\_\_ (parent/legal guardian)

And \_\_\_\_\_ (temporary guardian if applicable)

\_\_\_\_\_  
Signature of Notarial Officer

Notary Public for the State of \_\_\_\_\_ My commission expires: \_\_\_\_\_