

MPACT Missions Inc.

Minor Medical Release & Liability Form

To be completed by Parent(s) or legal Guardian for children under the age of 18 years.

I/We, _____ give permission for (Minor Participant) _____, to attend the MPACT mission trip. I am the Participating Adult or Parent or Legal Guardian of the above named minor and have the right to give permission for his/her attendance and activities participation. The information I have given on this form and any verbal information is true and accurate. As is authorized in Section 32.001 of the Family Code of the State of Texas entitled "Consent by Non-Parent", in the event of an accident or illness concerning Minor, MPACT Missions, Inc., acting by and through its **adult representatives**, will use its best effort to contact the parent(s) or legal guardian of Minor as soon as is reasonably possible. In the event the parents(s) or legal guardian is not available, **MPACT adult sponsors**, who have the actual care, control, and possession of Minor are authorized by this written document to secure and consent to such medical, dental, psychological, and/or surgical treatment for Minor as they, in their sole discretion, shall deem necessary for the treatment of the accident or illness.

I, the undersigned parent or legal guardian, assume full responsibility for all medical bills, doctor bills, and/or hospital bills or otherwise incurred by the minor. I understand that I am responsible for all medical cost incurred for treatment while the above person is at the MPACT Mission Trip. I release, acquit and forever discharge the leadership, medical personnel, counselors, adult leaders or staff of MPACT Missions, Inc. from all actions, claims, damages, liabilities, expenses, or ongoing expenses relating to bodily injury, serious illness, or death from the above named person. Further I agree to indemnify and reimburse MPACT Missions, Inc. and/or any other agents (adult leaders, volunteers, participating churches, etc...) the full amount of expenses incurred in the treatment of an accident or illness of the aforementioned Minor Participant.

I have discussed with the Minor Participant and He/She has expressed a desire to work as a participant of MPACT Missions and will engage in the activities relating to being a participant member of an MPACT work team. I understand that the activities may include, but are not limited to traveling to and from the host church, consuming food and drink and living in accommodations available and provided in the host town/city, working on home construction, repair, painting, yard work, and other related activities, including heavy work and labor.

I hereby freely and voluntarily, without duress, execute this release under the following terms:

I, as Parent or Legal Guardian of the participant, release and forever discharge and hold harmless MPACT Missions, Inc. and all other participants in the mission trip from any and all liability, claims, and demands of whatever kind and nature, either in law or in equity, which arise or may hereafter arise from the Minor's involvement in MPACT Missions, Inc. I understand and acknowledge that this release discharges MPACT Missions, Inc. from any liability or claim that I may have against MPACT Missions, Inc. with respect to any bodily injury, illness, death, or property damage that may result from the Minor's participation during the MPACT Trip.

Assumption of Risk: I understand that the Participant's time on the mission trip may include activities that may be hazardous, including, but not limited to construction, painting, yard work, loading and unloading of heavy materials, and local transportation to and from the work sites. I recognize and understand that time on the mission trip may, in some situations, involve inherently dangerous activities. I acknowledge that I have been fully informed of the risks and dangers inherent in the activities Participant will be engaging in during the MPACT mission trip.

I assume all responsibility for all of Participant's conduct and actions during MPACT, and agree to hold harmless and indemnify MPACT Missions, Inc., all of its officers, adult leaders, participants, and all work team participants, including adult team leaders, for any claims, demands, or liability whatsoever incurred or sustained by MPACT as the result of Participant's conduct or actions during the mission trip. Expectations of behavior will be followed or participant may risk being dismissed from the trip. Participant has agreed to follow the guidelines, expectations, and dress code set up by MPACT Missions, Inc. I understand that a failure to comply with the expectations, guidelines, and dress code can result in an early trip home (dismissal) at my expense.

I further give full authority to the youth leader(s) to discipline Minor Participant as the youth leader(s) deem necessary. If Minor's behavior is such that it endangers the happiness or safety of the entire group, then the youth leader(s) has our permission to send Minor home after notifying me of his/her intention to do so.

I certify that the information I have given on the Medical Information Form (attached hereto) is correct, and that both parents/legal guardians (if possible) have read and understand this agreement.

PARENT/LEGAL GUARDIAN SIGNATURE _____ Date _____

PARENT/LEGAL GUARDIAN SIGNATURE _____ Date _____

On Behalf of MPACT Missions, Inc. (Minister's Signature) _____ Date _____

In addition:

Minor has assured me that he/she shall conduct himself/herself in such a way that reflects Godly, Christian Conduct upon this group which he/she represents. Minor understands and has signed "The Promise" described below.

THE "PROMISE" – To Be Signed by Minor

I hereby promise to obey any rules and regulations laid down by the adult group leader(s). I realize that such rules are necessary for the safety and happiness of the entire group. I will cooperate with the adult youth leader(s) and other members of the group. I know the breaking of these rules may result in my return home.

Signature of Minor _____

A duplicate copy of this agreement shall be as effective as the original.

Church Name: _____ Student's Name: _____ Team# _____

MEDICAL INFORMATION

NAME		DOB	AGE	SEX
ADDRESS		CITY	ST	ZIP
PHONE	SS#	DL#	GRADE (completed)	
INTERN? Yes or No	If Yes, with what church?	EMAIL ADDRESS		
INSURANCE COMPANY		CLAIMS PHONE #		
TYPE OF COVERAGE		POLICY #		
PLAN		ID #		
GROUP		GROUP #		
MINOR'S DOCTOR		TELEPHONE		
OFFICE ADDRESS		CITY		
NAME OF EMERGENCY CONTACT				
ADDRESS		CITY		
TELEPHONE		RELATION		
KNOWN ALLERGIES (including food & drugs)				
EXISTING MEDICAL CONDITIONS				
DATE OF LAST TETANUS SHOT		OTHER INFO		
PRESCRIPTIONS OR MEDICATION (taken on an on-going basis)				
IF YOU ARE A MINOR PARTICIPANT, PLEASE PROVIDE THE FOLLOWING:				
NAME OF FATHER/LEGAL GUARDIAN				
ADDRESS OF FATHER				
PHONE #		CELL#		
FATHER'S EMPLOYER		WORK #		
WORK ADDRESS				
NAME OF MOTHER/LEGAL GUARDIAN				
ADDRESS OF MOTHER				
PHONE #		CELL#		
MOTHER'S EMPLOYER		WORK #		
WORK ADDRESS				