



Minor Participation Authorization and Consent to Emergency Medical Treatment Form

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following activity of <Enter Sponsoring Church/Sponsoring Nonprofit entity>: _____ (hereafter "the activity") to Guatemala on or about _____, 20__.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity. **Minor child is not subject to any medical restrictions or conditions regarding his or her participation in the activity.**

To the fullest extent permitted by law, I release **my Sponsoring Church/Sponsoring Nonprofit entity, Medical Missions Ministries, Hermann Alb and his employees/agents/representatives, Asociación Transformación Integral ("ATI"), Mana de Vida School, Vida Real Church, and the trustees, officers, directors, employees, agents, volunteers, team leaders, team co-leaders or representatives of each of the foregoing (all of which, collectively and separately, are hereafter referred to as "organizations" throughout this document)** in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this mission trip and hereby release these **organizations** from any injury, harm, damage or death, which may occur while I am participating in the mission trip. To the fullest extent permitted by law, I agree to save and hold harmless these **organizations** from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my minor child's participation in the mission trip.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the team leader to make the decisions necessary for treatment. Should there be no team leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child. **I understand that my personal or family insurance plan may not be accepted internationally and that any insurance policy purchased by the Sponsoring Church/Sponsoring Nonprofit entity for me or the team is a benefit that may not be comprehensive for medical expenses. I understand that I remain responsible for the financial costs associated with any medical, dental, or hospital care or treatment that is given to my minor child that is not covered by my personal or family insurance policies or the policy provided by the church.**

I understand and acknowledge that this authorization is a private contract entered into in <Enter the state that the Sponsoring Church/Sponsoring Nonprofit entity is located into the following two blanks> _____ and that it will be covered by _____ law, regardless of where any occurrence covered by this authorization takes place.

Executed this _____ day of _____, 20__.

Signature _____

Print Name _____



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Witness: _____

Print Name of Witness: _____

NOTARY PUBLIC:

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____, by

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public Signature

(Seal)