

# epic uth ministries

## Spring Break MEXICO Missions Trip 2010 Permission Slip

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Trip Date(s):** 3-28 to 4-2

**Destination:** San Quintin, Baja Mexico

**Time Leaving:** 8:00 am (Sun.)

**Time Returning:** 11:00 p.m. (Fri.)

**Leaving From:** *The church*

**Returning To:** *The church*

**Cost:** \$300    **Deadline:** March 7th

I hereby grant permission for my child to participate in the above-described activity and agree to indemnify and hold harmless the Brimhall Road Assembly of God Church, their officers and employees, from any and all liability for injury which may be suffered by my child, arising from or in any way connected with his/her participation in the activity named above. I understand that if I do not personally drive my child to and from the activity, that my child will be transported to and from the trip in the personal car of a parent and/or church employee or transported in a church sponsored vehicle. In case of emergency, I give my permission for my child to be treated in a hospital, by private physician, or other emergency facility as deemed necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent or Legal Guardian)*

Notes, Medical Concerns, etc.:

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# CONSENT TO TRAVEL TO MEXICO

*(to be completed if Team Member is under 18 years of age)*

This must be **notarized** to verify the authenticity of the signatures.

\_\_\_\_\_  
Name (Team Member)

\_\_\_\_\_  
Church Name

\_\_\_\_\_  
Name (Father or Mother or Guardian)

\_\_\_\_\_  
Youth Pastor/ Leader

**Each Team Member must bring an official US Passport (if age 17 and above) or a birth certificate (age 16 and under).**

**Consent to Travel Outside the United States to Mexico.** The above-named Parent or Guardian of the Team Member has entrusted the Team Member into the care of the Agent, an adult, and a duly authorized representative of the Organization, while the Team Member participates in "Mexico Outreach," an activity of the Organization. *The Parent of Guardian does hereby authorize the Team Member to travel outside the United States to the nation of Mexico.*

\_\_\_\_\_  
**Signature of Father/Mother/Guardian**

## ALL-PURPOSE ACKNOWLEDGEMENT

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS.

On \_\_\_\_\_, \_\_\_\_\_ Before me, \_\_\_\_\_  
*Date* *Name and Title of Officer*

Personally appeared \_\_\_\_\_  
Name(s) of Signer(s)

- Personally known to me
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) acted, executed the instrument.

WITNESS my hand on official seal.

\_\_\_\_\_  
Place Notary Seal above

\_\_\_\_\_  
Signature of Notary Public

# CONSENT TO TREATMENT

To be completed by parent or guardian if team member is under 18 years of age,  
otherwise to be completed by team member.

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Name ("Team Member")

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Church Name

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Name ("Parent or Guardian")

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Youth Pastor/ Leader ("Agent")

**Consent to Treatment** *(To be completed regardless of age of team member)*

I, \_\_\_\_\_ as (**circle one**) the parent/the guardian/the team member, do hereby authorize the Agent, acting as the Team Member's agent, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is rendered under the general or specific supervisions of any licensed physician and surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given to provide authority and power on the part of the Agent to give specific consent to any all such diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable.

I hereby authorize any hospital, which has provided treatment to the Team Member to surrender physical custody of the Team Member to the Agent upon completion of treatment.

These authorizations shall remain effective through the below period unless sooner revoked in writing and delivered to the Agent.

*March - April 2010*

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Effective Dates

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Signature of Team Member

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Date

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Full address of Team Member

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Signature of Parent or Guardian

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Date

# RELEASE OF LIABILITY

Know all persons by these present:

WHEREAS, I \_\_\_\_\_ plan to participate in the MEXICO OUTREACH ministry and related activities sponsored by Brimhall Road Assembly of God, and

WHEREAS, I recognize that the participation in such activities may be hazardous and dangerous.

NOW THEREFORE, in consideration of the privilege to participate extended to me by Vanguard University, through its officers, agents, servants and employees, I do hereby, for myself, my heirs, executor and/or administrator, remise, release and forever discharge Vanguard University and all its officers, agents, servants and employees, acting officially or otherwise, from any and all actions, causes of action, claims and demands for, upon, or by reason of any injury, damage, loss or death which may occur from any cause including, but not limited to any accident while participating individually or with others in said events.

**INSURANCE INFORMATION:**

\_\_\_\_\_ I have medical and accident insurance with:

Name of Company \_\_\_\_\_ Policy No. \_\_\_\_\_

\_\_\_\_\_ I have not medical or accident insurance, and I agree to pay any and all medical and/or dental expenses directly or indirectly related to my participation in the ministry and its related activities, including during the transportation to and from the event(s).

**I HAVE READ AND AGREE TO THIS RELEASE**

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Witness (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Parent's Signature  
*(Required for participants under the age of 18)*

\_\_\_\_\_  
Witness Signature

# EMERGENCY CONTACT INFORMATION

This form will be carried by the Team Leader in case of an emergency.

## Medical Information

_____		_____	
Individual's Name		Social Security Number	
_____		_____	
Date of last Tetanus	Blood type:	Doctor's Name and Phone #	
Please list any allergies, medications, illnesses or disabilities of the Team Member.			
_____			
_____			
_____			

## Insurance Information

_____		_____	
Company		Policy Number	
_____		_____	
Claim Office Address	City	State/ Zip	

## Parents/ Guardian Information

_____			_____		
Name			Name		
_____			_____		
Address			Address		
_____			_____		
City	State	Zip	City	State	Zip
_____			_____		
Home #	Work #		Home #	Work #	

## If parents cannot be reached, notify

_____		_____	
Name		Home #	Work #