

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 whether or not they are accompanying the Child. If you have sole custody, provide a copy of the court decree to your team coordinator. If you are assigning a temporary guardian, they must sign this form. This form must be notarized with all signers present. 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. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

Policy Requirements for Minors

Guidelines for minors have been established by The General Council of the Assemblies of God and are taken from 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 the age of 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 Mission Assure. The team leader will assign one or more adults to supervise the Child at all times for the duration of the trip.

_____ Minor's Name ("Child")		_____ Date of Birth	
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Father's Name		_____ Father's Email	
_____ Street Address (<i>Skip if same as Child's</i>)		_____ City	_____ State Zip
Father's Phone _____ Home		_____ Work	_____ Cell
_____ Mother's Name		_____ Mother's Email	
_____ Street Address (<i>Skip if same as Child's</i>)		_____ City	_____ State Zip
Mother's Phone _____ Home		_____ Work	_____ Cell

Activities

Possible activities (collectively, "Activities") include, but are not limited to:

- Evangelism (the presentation of the Christian gospel) by public preaching or personal witness through various methods including, but not limited to, outdoor/indoor crusades, meetings, presentations, church services, and door-to-door visits.
- Construction (the building or repair of a structure related to the mission in the host country) can include work with building supplies, heavy machinery, electricity, lifting and carrying, climbing and work in elevated surfaces, or any other construction-related Activities.
- Humanitarian (Activities which promote human welfare) including, but not limited to, providing aid in potentially treacherous conditions, regarding cleanliness and safety.
- Education (training or instruction) through formal or informal settings in small- or large-group settings.
- Health care (participation in health or medical-related initiatives) including, but not limited to, dental, vision, immunizations, health assessments, and distribution of vitamins/medications.
- Transportation may include any of the following in a public or privately-owned manner: international or domestic air travel, automobile, train, motorcycle, boats, animal, bus, streetcar, or manually-operated street vehicle.
- Other Activities not listed above:

Medical Information

Family Doctor

Phone

Insurance Company

Policy No.

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

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

Does the Child have any physical condition or illness that would prevent him or her from participating on this missions trip? If yes, explain.

Does the Child listed have (or has she or he ever had) any medical condition that could require special attention? If yes, explain.

Are there any Activities that you would not want the Child listed to participate in? If yes, explain.

Medical Treatment Authorization

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

I/We, the parent(s) and/or legal guardian(s) of the Child, understand that The General Council of the Assemblies of God and its affiliated ministries and any Assemblies of God church and/or district council and any Assemblies of God school, college, or university and any subsidiaries and affiliates, officers, directors, employees, staff, volunteers, representatives, independent contractors, and agents of any of the foregoing (collectively, "The General Council and Affiliated Entities") shall not be responsible for medical expenses incurred on the basis of this authorization, and we hereby agree to hold harmless, defend, and indemnify The General Council and Affiliated Entities from all obligations, damages, losses, attorney 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 the Child. It is our express intention to defend, indemnify, and hold harmless The General Council and Affiliated Entities from all claims arising out of, resulting from, or in any manner relating to the treatment, medical or otherwise, of the Child.

I/We agree to notify The General Council of the Assemblies of God of any health changes that would restrict the Child's participation in this missions trip. I/We also understand that any representative of The General Council and Affiliated Entities reserves the right to restrict the Child from any Activities for any reason.

Travel Plans

Dates of Travel

Destinations (City and Country)

Sending Church

Church Location

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

Temporary Guardianship

A temporary guardianship is required if neither parent is traveling with their Child. The temporary guardian must be at least 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 the 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.*

Photograph and Video Release

I/We hereby grant The General Council and Affiliated Entities permission to the rights of the Child's image, likeness, and sound of his or her voice as recorded on audio or video 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 from or related to the use of the Child's image or recording.

I/We agree that The General Council and Affiliated Entities may use such images of the Child with or without the Child's name and for any lawful purpose, including 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 The General Council and Affiliated Entities from any and all claims for utilizing this material.

Consent, Certification, and Assumption of Risk

IN CONSIDERATION of my acceptance as a volunteer on this missions trip, in cooperation with The General Council of the Assemblies of God, and other considerations, the sufficiency of which is acknowledged, as the above-named, I/we represent and agree that:

1. **Status.** I/We, for myself/ourselves, and on behalf of the Child, my spouse, my other children, parents, guardians, heirs, and next of kin, in addition to any legal and personal representatives, executors, administrators, successors, and assigns, hereby agree to and make the following contractual representations pursuant to this Agreement:

I/We hereby represent the following: (a) the Child is in good health and in proper physical condition to participate in any of the Activities described above; and (b) the Child is not under the influence of any prescription drugs which would in any way impair her or his ability to safely participate in the Activities. I/We agree that it is our sole responsibility to determine whether the Child is sufficiently fit and healthy enough to participate in the Activities.

I/We understand and acknowledge the physical rigors associated with the Activities and realize that they involve prolonged walking in various terrains. I/We understand that the Child's participation in Activities involves risks and dangers that include, without limitation, the potential for serious bodily injury, permanent disability, paralysis, and death; accidents in the use of firearms; inaccessibility of medical care; dangers arising from adverse weather conditions; dangerous animals; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the travel leader; and other undefined harm or damage which may not be readily foreseeable and other presently unknown risks and dangers ("Risks"). I/We understand that these Risks may be caused in whole or in part by the Child's own actions or inactions or the actions or inactions of others participating in the Activities, and for both myself and on behalf of the Child, I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses, or expenses the Child incurs as a result of my participation in the Activities. I/We accept sole responsibility for the Child's conduct and actions while participating in the Activities and the condition and adequacy of the equipment the Child will use.

2. **Risks of international travel; U.S. Department of State and CDC warnings.** I/ We, the parent(s) and/or legal guardians, am/ 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 my/our own investigation of these risks, understand these risks, and on my/our behalf and on behalf of the Child, I/we assume them knowingly and willingly. I/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, standards of living, and health standards that are different from those the Child is accustomed to in the United States. I/We acknowledge that it is my/our responsibility to take, and to ensure that the Child takes, every precaution to safeguard the health of the Child and to protect his or her personal belongings from damage or theft. I/We acknowledge that The General Council of the Assemblies of God recommends that the Child never travels alone, particularly at night. Being alone, especially at night, may present additional danger to the Child's safety and well-being.

I/We understand and agree that if, during the Child's participation in the Activities, the travel leader learns that the Child is experiencing serious health problems, has suffered an injury, or is otherwise in a situation that raises significant health and safety concerns, the travel leader may contact the person whose name is otherwise provided to The General Council and Affiliated Entities as "Emergency Contact."

WARNING REGARDING COVID-19

I/We acknowledge and confirm that: (a) the risk of contracting COVID-19 and its effects on different people are unpredictable and vary from country to country and sometimes from region to region within different countries; (b) it is solely my/our responsibility to make sure I/we and the Child understand and follow all information on the U.S. Department of State website <<http://travel.state.gov>> about the country or countries to which the Child is traveling, the recommendations of the U.S. Centers for Disease Control <<http://www.cdc.gov/travel>>, any additional information available from the World Health Organization <<http://www.who.int/>>, U.S. Department of State travel advisories, and other relevant recommendations, restrictions, regulations, guidelines, and other factors and specific conditions applicable in and to the country or countries to which the Child is traveling; (c) I/We, the parent or legal guardian of Child acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities recommend practicing social distancing. I/ We further acknowledge that the GC has put in place preventative measures to reduce the spread of the Coronavirus/ COVID-19. I/We further acknowledge that the GC cannot guarantee that my Child will not become infected with the Coronavirus/COVID-19. I/We understand that the risk of becoming exposed to and infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of my Child and others, including, but not limited to, the GC and its employees and staff. I/We voluntarily seek to have my Child participate in the Event and acknowledge that I/we am/are increasing their risk to exposure to the Coronavirus/COVID-19. I/We acknowledge that we are solely responsible for compliance with all applicable precautionary measures of my state and local health agencies, and the CDC.

Under Missouri law, any individual entering the premises or engaging the services of the business waives all civil liability against the individual or entity for any damages based on inherent risks associated with an exposure or potential exposure to COVID-19, except for recklessness or willful misconduct.

I/We, the parent or legal guardian of the Child confirm I/we understand if my child begins exhibiting symptoms of COVID-19, they will not be allowed to participate in The Event and/or will be required to leave until they have been cleared as non-contagious by state or local public health authorities.

I/We attest that



- My/Our child is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. I understand my child's travel and participation in the trip will not be permitted if they experience any of these symptoms within 10 days of departure.
- I/We do not believe my child has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/ COVID-19. In the event I/we believe my/our child has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19 within 10 days prior to departure, I/we understand my child's travel and participation in the trip will not be permitted.

- In the event my/our child is diagnosed with Coronavirus/Covid-19 any time prior to departure and has not yet been cleared as non-contagious by state or local public health authorities, I/we understand my child's travel and participation on the trip will not be permitted.
- My/Our child is following all CDC, state and local government recommended guidelines as much as possible and limiting their exposure to the Coronavirus/COVID-19.

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

4. **GENERAL RELEASE, ASSUMPTION OF RISK, AND INDEMNIFICATION.** Knowing the risks described above, I/we agree, on behalf of ourselves, the Child, and our family, heirs, and personal representatives to assume all the risks and responsibilities surrounding the Child's participation in the above-described Activities, both known and unknown. To the maximum extent allowed by law, I/we release, hold harmless, and agree to indemnify The General Council and Affiliated Entities (collectively, the "Released Parties") 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 the Child may suffer, or for which the Child may be liable to any other person, related to his or her participation in said Activities (including periods in transit to or from her or his destinations), resulting from any cause, including but not limited to negligence on the 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. **Insurance election.** I/We am/are aware of the hazards and risks to the Child associated with serving in a missions capacity. I/ We further understand that The General Council of the Assemblies of God currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, and that I/we am/are responsible for obtaining any additional insurance coverages that I/we consider necessary.

		Travel Insurance Program Insured by CHUBB	
		Domestic U.S. Travel	Foreign Travel
Administered by	AG Financial Insurance	AG Financial Insurance	AG Financial Insurance
Accidental Death & Dismemberment	\$100,000	\$100,000	\$100,000
Accident Permanent Total Disability	\$100,000 after 365 waiting period	\$100,000 after 365 waiting period	\$100,000 after 365 waiting period
Accident Medical Expense Benefit	\$50,000 benefit, \$0 deductible	N/A	N/A
Emergency Medical Expense Benefit (Guarantee of payment)	\$10,000	\$10,000	\$10,000
Family Coordination/ Emergency Reunion Benefit	N/A	N/A	\$10,000 maximum benefit covers two family members/\$1000 per day/ max number days 5
Out of Country Medical Expense Benefit (Injury & Sickness)	N/A	N/A	\$100,000 benefit, \$0 deductible
Emergency Medical Evacuation	100% of covered expenses (Traveler must be at least 100 miles from primary residence)	100% of covered expenses	100% of covered expenses
Repatriation of Mortal Remains	100% of covered expenses (Traveler must be at least 100 miles from primary residence)	100% of covered expenses	100% of covered expenses
Security Evacuation, including natural disaster evacuation	None	None	\$100,000
Foreign General Liability/Auto Liability	None	None	\$2,000,000 per occurrence/ \$5,000,000 aggregate \$2,000,000 Contingent Auto
Pre-existing Conditions	Treated as any other medical condition	Treated as any other medical condition	Treated as any other medical condition
War Coverage (AD&D, Medical & Evac)	None	None	Worldwide
Mission Assure™ Travel Insurance Program is for AG short term mission trips no longer than 365 days.			
This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Policyholder. The Policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms and conditions may be different if required by state law. Rev. 3/13/19			

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

The World Missions Board has determined that The General Council of the Assemblies of God will not pay ransom or yield to the demands of anyone who takes one of our missionary family or staff hostage. The General Council of the Assemblies of God 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. The General Council strongly opposes the payment of any extorted commodities or service and will not pay expenses incurred by captors. The General Council will not permanently concede land or remove missionaries from ministry locations as a part of any negotiated settlement with hostage takers. The General Council believes that this approach helps reduce the risk of General Council 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 U. S. Department of State.

7. 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.

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.

9. I/We certify that I/we am/are aged 18 or older. 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 Missouri, 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 Activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

Invalidation of any one or more of the provisions of the Agreement shall in no way affect any of the other provisions hereof, all of which shall remain in full force and effect.

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 Missouri, 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 Missouri, excluding its choice of law rules.

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

Child's Name

Father's/Legal Guardian's Signature and Date

Mother's/Legal Guardian's Signature and Date

Temporary Guardian's Signature and Date

Certificate of Acknowledgement of Notary Public

STATE OF _____ COUNTY OF _____

Acknowledged before me on _____ (date)

By _____ (parent/legal guardian)

And _____ (parent/legal guardian)

And _____ (temporary guardian, if applicable)

Signature of Notarial Officer _____

Notary Public for the State of _____ My Commission Expires _____

Traveler's Emergency Contact and Beneficiary Designation



EMERGENCY CONTACT

Must be someone **not** going on trip.

Name of Emergency Contact Relationship to Traveler

Home Phone (include area code) Cell Phone (include area code) Work Phone (include area code)

Travelers under the age of 18 do **not** need to complete the section below.

ACE/CHUBB INSURANCE BENEFICIARY DESIGNATION

Benefits payable for loss of life are payable to the first surviving classes of the covered person: spouse; child; parent; sibling; then estate, unless indicated otherwise below.

Policy Number: ADDN10846419

Beneficiary:

First Name Middle Name Last Name

Street Address City State Zip

Relationship to Insured

Traveler's Printed Name

Traveler's Signature and Date