

His Hands 2 Go (HH2G)
PARENTAL CONSENT, CERTIFICATION AND MEDICAL AUTHORIZATION

Parents and legal guardians of minor children are required to complete this form. The information requested is designed to assist HH2G, MAPS/Convoy of Hope in providing for the safety of minors during mission trips. *This form is not valid if completed by the child traveling. This form must be completed by parent or legal guardian of the child listed below.*

General Information (please print)

Child's Name _____ Date of Birth _____
Father's Name _____ Mother's Name _____
Child's Address _____ City _____ State _____
Home Phone No. _____ Parents Work Phone No. _____
Family Doctor _____ Dr. Phone No. _____

Insurance Company Covering Child

Insurance Company Covering Child _____
Policy No. _____

Consent, Certification and Assumption of Risk

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the child's participation on a HH2G, MAPS assignment sponsored by the MAPS Department of the Assemblies of God and Convoy of Hope to His Hands 2 Go New Orleans, LA, including, but not limited to, all the activities customarily associated with a mission trip. I am aware of the hazards and risks associated with such a trip including, but no limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence.

Further, I certify that the child is physically fit and adequately trained to participate in such a mission trip. I understand that while the above named child participates on a mission trip, he or she is responsible to comply with all orders and directives of the team leader and/or the agent in charge of the project.

I am aware of the hazards and risks to my child and his or her property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorists acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my child's assignment with full awareness of these risks, and I voluntarily assume all risks of death, injury, illness, and damage to my child associated with such risks, and any damage to his or her personal property. I further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28).

I waive and release any and all claims for damages which I, or my heirs or successors may have against HH2G, MAPS, the U.S. Missions of the Assemblies of God, the General Council of the Assemblies of God and any of its affiliates, Convoy of Hope, any District Council of the Assemblies of God, the local church sponsoring the MAPS trip, or any agents, representatives, employees, volunteers, and contractors of any such organizations, arising from my child's death, injury, or illness, or any property damage or loss occurring during the term of his or her assignment or as a result of his or her assignment.

I do hereby assume all risks of death, illness or injury that my child may suffer as a result of said assignment, from those causes described above.

I understand and accept the following policy of the Assemblies of God U.S. Missions regarding ransom payments:

The U.S. Missions Board has determined that it will not pay ransom nor yield to the demands of anyone who takes hostage one of our missionary family or staff hostage. The Assemblies of God U.S. Missions pledges itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage should it ever occur. This policy was made after sufficient study of the policies of other evangelical missionary societies and after considering the advice of the United States State Department.

Insurance: I am aware of the hazards and risks to my child associated with serving in a missions capacity, as described above. I further understand that no insurance against such hazards is provided by HH2G the General Council of the Assemblies of God, U.S. MAPS, Convoy of Hope, or any other Assemblies of God entity, and, that I assume full responsibility for obtaining such coverage from a private insurance carrier at my expense if desired.

I expressly waive any defense to the enforcement of any provisions 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 enforceable against me in accordance with its terms.

Medical Questionnaire

1. Is your child presently being treated for an injury or sickness or taking any form of medication for any reason?

Yes _____ No _____ If yes, please explain: _____

2. Is your child allergic to any type of medication?

Yes _____ No _____ If yes, please explain: _____

3. Does your child require a special diet?

Yes _____ No _____ If yes, please explain: _____

4. Does your child have any allergies other than medical?

Yes _____ No _____ If yes, please explain: _____

5. Does your child ever sleep walk?

Yes _____ No _____

6. Can your child swim?
Yes _____ No _____

7. Does your child have any physical condition or illness that would prevent him/her from participating in rigorous activity?
Yes _____ No _____

If yes, explain below. A written release must be submitted by your physician authorizing your child to participate in this activity/trip.

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize the director or properly appointed staff to make emergency medical care decisions on behalf of my child, if required by law or a health care provider.

I agree to notify the HH2G office in the event of any health changes that would restrict my child's participation in a mission trip. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

I expressly agree that this assumption of Risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE FOR MY CHILD AS MY OWN FREE ACT.**

(Signature of Parent/Guardian) (Date)

(Signature of Parent/Guardian) (Date)

STATE OF _____
COUNTY OF _____

On this _____ day of _____, 20 _____, Before me, _____
A Notary Public in and for said state personally appeared _____, know to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purpose therein stated.

Signature: _____

My Commission expires: _____