

## Parental Consent and Authorization for Minors under the Age of 18 Domestic Travel

Parents or legal guardians of minor children are required to complete this form and return to the team leader. If you have sole custody, provide a copy of the court decree to your team coordinator. 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. This form must be signed by both parents (as applicable) or the legal guardian and the temporary guardian (if applicable) in the presence of a notary. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

Minor's Name ("Child"): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Father's Email: \_\_\_\_\_  
*If Address is the same as Child's (skip to phone information):*  
 Father's Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Father's Phone Numbers – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Mother's Email: \_\_\_\_\_  
*If Address is the same as Child's (skip to phone information):*  
 Mother's Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Mother's Phone Numbers – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Detailed Description of Activities:

Gerald Mayhan Ministries will be hosting in a five-day, four-night free community outreach, Love In Action-WV (LIA-WV), in Welch, WV. All events will be held at the Welch National Guard Armory, 600 Stewart St, Welch, WV 24801. All meals will be provided by Gerald Mayhan Ministries and eaten at the Welch National Guard Armory.

### Transportation (as of this date), Subject to Change:

Individual participants will provide their own transportation.

### Activities Including but Not Limited to:

- Evangelism
- Flyer Distribution
- Event Set up
- Event Day participation - welcoming guests, distribution giveaways, monitoring activities.

### Dates and Locations of Activities:

- Tuesday, July 26, 2022 - Registration starting at 12:00 pm at the Welch National Guard Armory, Welch, WV
- Tuesday, July 26, 2022 through Friday, July 29, 2022 - Evangelism Training, Door-to-Door Witnessing, Flyer Distribution in Welch, WV and surrounding McDowell County communities.
- Friday, July 29, 2022 - Event Set Up at the National Guard Armory, Welch, WV
- Saturday, July 30, 2022 - Love in Action–WV Outreach Event at the National Guard Armory, Welch, WV

**Medical Information:**

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

---



---

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

---



---

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

---



---

Does your Child have (or ever had) any medical condition that could require special attention? If yes, explain.

---



---

Are there any activities that you would not want your Child to participate in? If yes, explain.

---



---

**I approve the following travel plans:**

Dates of Travel: \_\_\_\_\_ Team Confirmation #: \_\_\_\_\_

Destinations/City and State: \_\_\_\_\_

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

Sending Church: \_\_\_\_\_ Church Location: \_\_\_\_\_

**Medical Treatment Authorization**

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

I/We, the parent(s) and/or legal guardian(s) of Child, understand that The General Council of the Assemblies of God and its affiliated ministries, and/or any Assemblies of God church and/or District Council, and/or any Assemblies of God school, college or university (collectively "GC") and/or any of their officers, directors, employees, volunteers, and agents, shall not be responsible for medical expenses incurred on the basis of this authorization, and we hereby agree to hold harmless,

defend and indemnify "GC", its parents, subsidiaries and affiliates, officers, directors, employees, volunteers and agents from all obligations, damages, losses, attorney's 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 our Child. It is our express intention to defend, indemnify and hold harmless "GC" from all claims arising out of, or resulting from, or in any manner relating to the treatment, medical or otherwise, of our Child.

I/We agree to notify "GC" in the event of any health changes which would restrict the Child's participation in this mission trip. We also understand that any "GC" representative reserves the right to restrict the Child from any activity for any reason.

### **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. 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 age 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.

### **Consent, Certification, and Assumption of Risk**

#### **WARNING REGARDING COVID-19**

I/We, the parent(s) and/or legal guardian(s) 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 General Council has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that the General Council cannot guarantee that I 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 myself and others, including, but not limited to, the General Council and its employees and staff. I/We voluntarily seek to have our child participate in the above event, and acknowledge that I/We 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(s) and/or legal guardian(s) of Child attest that:

- 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/We understand our child's travel and participation in the trip will not be permitted if they experience any of these symptoms within 14 days of departure.
- I/We do not believe our child has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19. In the event I/We believe our child has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19 within 14 days prior to departure, I/We understand our child's travel and participation in the trip will not be permitted.
- In the event our child is diagnosed with Coronavirus/Covid-19 any time prior to departure and have not yet been cleared as non-contagious by state or local public health authorities, I/We understand our child's travel and participation on the trip will not be permitted.
- 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.

IN CONSIDERATION of our Child being accepted for this mission trip, I/We, the undersigned, being the parent(s) or legal guardian(s) of the Child named above do hereby consent to the Child's participation on a team outreach sponsored by GC to the destination noted above, including, but not limited to, all of the activities customarily associated with a GC trip unless noted above.

1. Status - I/We hereby certify that the Child is physically fit and adequately trained to participate in a mission trip. I/We further certify that the Child has followed and is following all procedures (vaccinations, immunizations, shots, serums, medications, etc.) recommended by our family doctor.
2. Risks of Travel - I/We am/are aware of the hazards and risks to the Child's person 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 destinations. I recognize that the Child may be subjected to potential risks, illnesses, injuries, and even death. I/We have made investigation of these risks, understand these risks, and assume them on behalf of the Child 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, the Child may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which he or she is accustomed. I/We acknowledge that it is my/our responsibility to take every precaution to ensure that the Child knows the required measures needed to safeguard his/her health and to protect his/her personal belongings from damage or theft. I/We acknowledge that GC recommends that the never travel alone, particularly at night. Being alone, especially at night, may present additional danger to the Child's safety and well-being.

I understand and agree that if, during the Child's participation in the above-described activities, GC learns that he/she is experiencing serious health problems, has suffered an injury, or is otherwise in a situation that raises significant health and safety concerns, then GC may contact the person whose name is provided as "emergency contact."

3. I/We understand that while the above-named Child participates on a team trip, he or she 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 AND ASSUMPTION OF RISK:**

**KNOWING THE RISKS DESCRIBED ABOVE, WE AGREE, ON BEHALF OF OURSELVES AND OUR CHILD, FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING OUR CHILD'S PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, WE RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY 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 THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, 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 OUR CHILD MAY SUFFER, OR FOR WHICH OUR CHILD MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO OUR CHILD'S PARTICIPATING IN SAID ACTIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON OUR 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. 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.
6. Invalidation of any one or more of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.

7. 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.

### **Photograph & Video Release Form**

I/We hereby grant GC permission to the rights of the Child's image, likeness, and sound of their voice as recorded on audio or video tape 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 or related to the use of the Child's image or recording.

I agree that GC may use such images of the Child with or without Child's name and for any lawful purpose, including for example 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 GC from any and all claims for utilizing this material.

### **Insurance Election**

I/We am/are aware of the hazards and risks to the Child associated with serving in a mission's capacity. I/We further understand that GC 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.

## Mission Assure U.S. Travel / Special Events / Camps / Short Term Travel



The General Council of the Assemblies of God is making a variety of travel insurance benefits available for you while participating in events sponsored and supervised by The General Council of the Assemblies of God or any church, and/or district council, school, seminary, college or university, or affiliated ministry of the Assemblies of God. Below is a brief overview of the travel insurance benefits being offered and contact information in the event of an emergency.

### Who is eligible for coverage?

Class 1-Members of the Participating Organization engaged in a volunteer activity on or off premises, or sponsored activities off premises within the United States

### What is covered?

#### Accidental Death & Dismemberment Benefits:

If, within 365 days of a covered accident, injury results in any one of the losses shown, the benefit amount shown opposite the loss will be paid. If multiple losses occur, only one benefit amount-the largest- will be paid for all losses due to the same accident.

#### Principal Sum

Class 1-\$10,000

#### Additional Accident Benefits:

Coma- 1% of Principal Sum per month up to 11 months and thereafter in a lump sum of 100% of the Principal Sum.

#### Accident Medical Expense Benefits:

If, within 60 days of a covered accident, injury results, we will pay up to your selected benefit maximum for covered expenses. Applies only if you are traveling inside your home country.

Class 1-\$25,000

#### Sickness Expense Benefits:

We will pay up to your selected benefit maximum for medically necessary expenses incurred for hospital and medical care, treatment or services within 90 days of a covered sickness.

Class 1-\$2,500

We will pay benefits for covered expenses incurred within the Benefit Period as the result of Sickness when the covered person is participating in scheduled, supervised, and sponsored activities by you, including direct travel to and from such covered activities.

Covered Loss	Benefit Amount
Life, Two or more members, Loss of use of Four Limbs	100% of the Principal Sum
Loss of use of Three Limbs	75% of the principal sum
Loss of use of Two Limbs	67% of the Principal Sum
One Member / Loss of use of One Limb	50% of the Principal Sum
Thumb and Index finger of Same Hand	25% of the Principal Sum

#### Additional Benefits

#### Benefit Maximums

Family Reunion	\$2,500
Emergency Medical Benefits	\$10,000
Emergency Medical Evacuation	100% of covered expenses
Reparation of Remains	100% of covered expenses
Aggregate Limit	\$1,000,000 Per Covered Accident

We will not pay benefits for any loss or injury that is caused by, or results from:

- Intentionally self-inflicted injury, while sane, (Applicable to Accidental Death and Dismemberment Benefit only)
- Suicide or attempted suicide, (Applicable to Accidental Death and Dismemberment Benefit only)
- War or any act of war, whether declared or not,
- A covered accident that occurs while on active duty service in the military, naval, or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- Sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food,
- Piloting or serving as a crewmember in any aircraft (except as provided by this proposal),
- Commission of, or attempt to commit, a felony,
- Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations, or prescriptions for them,
- Travel or activity outside the United States,
- Riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline,
- Commission of or active participation in a riot or insurrection,
- Injury paid by Workers' Compensation, Employer's Liability Laws, or similar occupational benefits,
- Injury or loss contributed to the use of any drugs or narcotic, except as prescribed by a doctor.

We will not pay Sickness Benefits for any loss, treatment, services or supplies resulting from, or contributed to by:

- Immunizations, services and supplies related to immunizations,
- Acupuncture, allergy, including allergy testing, or alopecia,
- Non-malignant warts, moles, lesions or acne,
- Care of corns and bunions,
- Sickness for which benefits are paid or payable under any workers' compensation or occupational disease law or act, or similar legislation,
- Submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis,
- Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore radial keratotomy/Lasik surgery is not covered,
- Voluntary or elective abortion,
- Congenital birth defects,
- Elective treatment or elective surgery
- Routine physical examinations and dental care.

In addition to the general exclusions, we will not pay Accident Medical Expense Benefits for any loss, treatment, or services resulting from or contributed to by:

- Treatment by persons you employ or retain or by any immediate family member or member of the covered person's household.
- Treatment of sickness, disease, or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
- Treatment of hernia, Osgood Schlatter disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in this proposal), whether or not caused by a covered accident.
- Pregnancy, childbirth, miscarriage, abortion, or any complications of any of these conditions.
- Mental and nervous disorders (except as provided in this proposal).
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment (except as specifically covered by this proposal).
- Expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by this proposal).
- Injury covered by workers' compensation, employers' liability laws, or similar occupational benefits or while engaging in activity for monetary gain from sources other than you.
- Injury or loss contributed to using drugs unless administered by a doctor.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

**Important Notice**

This information 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 policies issued in the state in which the policy was delivered. Complete details may be found in the policies on file at AGFinancial's office. Insurance Benefits are underwritten by ACE American Insurance Company. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms may be different if required by state law. Please keep this information as a reference.

**Temporary Guardianship**

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

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.

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

Minor's Name: \_\_\_\_\_

_____	_____
<i>Father's/Legal Guardian's Signature</i>	<i>Date</i>
_____	_____
<i>Mother's/Legal Guardian's Signature</i>	<i>Date</i>
_____	_____
<i>Temporary Guardian's Signature (if applicable)</i>	<i>Date</i>

***Certificate of Acknowledgement of Notary Public***

STATE OF _____	COUNTY OF _____
Acknowledged before me on _____	(date)
By _____	(parental/legal guardian)
And _____	(parent/legal guardian)
And _____	(temporary guardian if applicable)

\_\_\_\_\_  
Signature of Notarial Officer

Notary Public for the State of \_\_\_\_\_ My commission expires: \_\_\_\_\_