

IMPACT MINISTRIES RELEASE FORMS

There are three (3) Release forms associated with Short Term Mission Teams. Please review the requirements for each application.

Guidelines for completing attached forms:

All Team Participants must complete:

- Release Agreement.

Parent/Guardian for a Team Participant under 19 years of age must complete:

- Release Agreement;
- Release Form;
- Consent Form.

Note: *The Consent Form does not need to be completed by Parents/Guardians if both Parents/Guardians are traveling with the Team Participant who is under 19 years of age:*

Note for Team Leaders:

Please retain and carry all Consent Letters for the duration of your mission's trip as these forms may be required at airports.

Please return the Release Forms and the Release Agreements to the Impact Ministries office for our records.

All forms must be filled out completely with the required signatures and dates.

Release Form

To be completed by Parent(s) or Legal Guardian(s):

I/We, _____, the parents(s) or legal guardian(s) of _____ do hereby request that the said student participant in an excursion to be organized by Impact Ministries and which will occur between the dates of _____ and _____. The adult chaperones for this trip who will accompany the student(s) are:

- (1) _____ (2) _____
(3) _____ (4) _____

I/We, do hereby release and forever discharge Impact Ministries, their employees, volunteers, agents, representatives, successors and assigns of and from any actions, causes of action, demands and for liabilities of whatever nature and kind which might arise from the participation of the said minor in the said excursion, including any actions, cause of action, demands, claims and/or liabilities for personal injury, illness, property damage, financial loss or injury or damages of any kind whatsoever, foreseen or unforeseen, which might be sustained by the said student or myself/ourselves, or any other family members or dependents, as a result of the participation of the said students in the said excursion. It is my/our intention that this agreement be binding on myself/ourselves and on any and all executors, administrators, heirs and assigns of myself/ourselves and the said student.

I/We also hereby agree to indemnify the Impact Ministries for, on account of or by reason of any claims advanced against Impact Ministries arising out of participation of the said student in the said excursion.

I/We also hereby fully consent to the travel of the said student accompanied by the named chaperones on this document.

I/We give Impact Ministries the absolute right and permission to use my child's photograph in its promotional materials. I understand I may revoke or change this consent at any time.

Dated:

This _____ day of _____, 20_____

Parent/Legal Guardian: _____

Parent/Legal Guardian: _____

Participant: _____

Witness: _____

Release Agreement

To be completed by ALL Short Term Mission Team Participants, and by the Parent(s) or Legal Guardian(s) if the Participant is under 19 years of age:

I do hereby release Impact Ministries, its agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by the applicant during the course of involvement with Impact Ministries.

I give Impact Ministries the absolute right and permission to use my photograph in its promotional materials. I understand that I may revoke or change this consent at any time.

Participant's Signature _____ Date: _____

If the participant is under 19 years of age, signature of Parent or Legal Guardian is required.

I/We do hereby release Impact Ministries, its agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by the applicant during the course of involvement with Impact Ministries.

I/We give Impact Ministries the absolute right and permission to use my child's photograph in its promotional materials. I understand that I may revoke or change this consent at any time.

Signature: _____ Date: _____

CONSENT FOR TREATMENT

In case of accident or serious illness, I/We hereby agree to the performance of such treatment, anesthetics and procedures as deemed necessary in the opinion of the attending physician.

Participant's Signature _____ Date: _____

If the participant is under 19 years of age, signature of Parent or Legal Guardian is required.

Signature: _____ Date: _____

STATEMENT OF CONSENT

If accepted, I will abide by the spirit and guidelines of Impact Ministries.

Participant's Signature _____ Date: _____

Consent Letter

To be completed by Parent(s) or Legal Guardian(s) if the Participant is under 19 years of age:

Participant's Name (as it appears on the Passport): _____
Date of Birth: _____
Canadian Passport Number: _____
Date of Issuance for Canadian Passport: _____
Place of Issuance for Canadian Passport: _____

has our consent to travel to Guatemala from:

Departure Date: _____ 20_____, to
Return Date: _____ 20_____.

Residence during this time will be with Impact Ministries at the following address:

Km 184.5 Carretera a Coban
Tactic, Alta Vera Paz, Guatemala
(502) 5318-0514

This is a Short Term Mission Trip organized by _____,
Full Name of School, Church, or Organization

and will be supervised by the chaperones listed on Page 2 of this Consent Letter.

Any questions regarding this consent letter can be directed to the undersigned at:

Street Address and Apartment Number: _____
City, Province/State: _____
Postal Code/Zip Code/Country: _____
Telephone: _____
Residence: (_____) _____ Cel: (_____) _____ Work: (_____) _____
Email: _____

Full Name(s) and Signature(s) of Parent(s) or Legal Guardian(s):

Father: _____
Print Name *Signature*

Mother: _____
Print Name *Signature*

Date _____

Signed before me, _____
Printed Name of Witness *Name of Location*

Signature: _____
Signature of Witness *Date*

Chaperone Information and Identification:

Chaperone 1:

Name – as it appears on the Passport: _____

Canadian Passport Number: _____

Date of Issuance for Canadian Passport: _____

Place of Issuance for Canadian Passport: _____

Chaperone 2:

Name – as it appears on the Passport: _____

Canadian Passport Number: _____

Date of Issuance for Canadian Passport: _____

Place of Issuance for Canadian Passport: _____

Chaperone 3:

Name – as it appears on the Passport: _____

Canadian Passport Number: _____

Date of Issuance for Canadian Passport: _____

Place of Issuance for Canadian Passport: _____

Chaperone 4:

Name – as it appears on the Passport: _____

Canadian Passport Number: _____

Date of Issuance for Canadian Passport: _____

Place of Issuance for Canadian Passport: _____

Parent/Legal Guardian: _____

Parent/Legal Guardian: _____

Participant: _____

Witness: _____

Date: _____