

La Misión para Niños

Short-Term Mission Trip

Name of Participant (please print) _____

Group Name _____

Dates of Trip _____

Liability Release Agreement

I/we understand that there are inherent risks involved in any mission trip. Such risks may include, but are not limited to, the risk of injury from transportation, physical activity in construction activity or otherwise, exposure to disease or other illness, and violence due to political instability, terrorism, or criminal activity. Being fully informed of the inherent risks of this mission trip, I/we hereby release ONE27/ La Misión para Niños as well as its officers, directors, staff and volunteer workers from any and all liability due to any injury, loss, or damage to person or property that may occur during the course of my/our involvement with La Misión para Niños.

**By signing, I also understand and consent to the photographing or videotaping of myself or my child during the time I/we are with ONE27/ La Misión para Niños promotional materials.*

Transport Home Agreement

I/we, the undersigned, are the parents having legal custody or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip organized by: _____, or are of legal consenting age myself. I/we understand that a member of La Misión para Niños or the lead adult of our group may need to send a participant home as a result of illness or discipline problem. I/we understand if the participant named above is dismissed from the mission site, I/he/she will be transported home at my/our expense. The lead adult of our group will contact the parent and/ or Temporary guardian to arrange such transportation.

Medical Release Agreement

I/we the undersigned, are the parents having legal custody, or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip organized by: _____ or are of legal consenting age myself. In the event that I/he/she is injured while attending the trip and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize the Temporary Guardian _____, the lead adult of our group, or a member of La Misión para Niños staff, or board to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of the mission trip.

La Misión para Niños

Short-Term Mission Trip

Full Name _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: (Print) _____

Current Medications or Health Conditions: _____

Known Allergies _____

Emergency Contact Information

1) _____

2) _____

Relationship to Participant _____

Relationship to Participant _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Insurance Information

Insurance Company _____ Company Phone _____

Company Address _____

Policy Number _____

Name of Policy Holder _____

Policy Holder's Phone _____

Participation on a La Misión para Niños mission trip is contingent upon compliance with all the policies stated on the previous page.

Liability Release • Transport Home • Medical Release

Signatures

Participant/Adult Leader (Print): _____

(Signature) _____ Date: _____

Father/Guardian (Print) _____

(Signature) _____ Date: _____

Mother/Guardian (Print) _____

(Signature) _____ Date: _____