

PARENTAL CONSENT FORM

Required for team members under 18 years of age

We, _____, the parents/guardians of
Parents or guardians

_____, give our child, a minor of _____
Name of Child Address

_____,
Address

permission to accompany a Churches of God, General Conference ACTS Team to _____

_____ and participate as a member of the group.
Location

We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk, and responsibility. We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist or other qualified medical personnel acting under their supervision, for our child, should the same become necessary because of illness or injury.

Now therefore, in consideration of the permission extended to our child to accompany the ACTS Team and participate in the short-term mission trip, we do hereby for ourselves, our child, our heirs, executors and administrators, remise, release and forever discharge the ACTS Team leaders, the Churches of God, General Conference, its officers, members, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip as well as all ground and flight travel incident to such trip.

It is our intention by this document to consent to our child's participation in the ACTS Team short-term mission trip, to consent to allow the ACTS Team leaders to act in loco parentis for the duration of the mission trip; and to waive and forego all right of action of ourselves and our child against the parties herein before named.

Parent/Guardian (Signature) _____ Date _____

Parent/Guardian (Print) _____

Parent/Guardian (Signature) _____ Date _____

Parent/Guardian (Print) _____