

# Release, Hold Harmless, and Consent Agreements



*(To be signed by all participants)*

Must be signed in the presence of a NOTARY (or lawyer) by both parents and participant if participant is under the age of 18. If participant is 18 or older, they must sign the document in the presence of a NOTARY (or lawyer).

## **Medical and Travel Release, Hold Harmless Agreement:**

On behalf of myself/my child, I further authorize Lastleaf Missions to:

- Release any and all other medical information or records to any party deemed necessary by Lastleaf Missions, its agents, servants, employees;
- Assign for the providing of medical treatment to my child or to members of the missionary group;
- To insure proper placement of my child in such group.

I hereby release and agree to indemnify Lastleaf Missions its agents, servants, employees and assigns for any and all damages, liability or costs resulting from the authorizing of medical treatment on my/my child's behalf under the terms of this consent. I further hold Lastleaf Missions harmless from any and all costs, damages or expenses incurred by Lastleaf Missions as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided.

I am aware that serious illness or injury may occur on a mission trip and that such illness and injury may result in myself/my child incurring costs, expenses, and damages for which I am solely responsible including, but not limited to, return of myself/my child by air ambulance or other extraordinary means. I also understand that mission trips may be associated with risk of bodily harm, death, and/or damage to or loss of personal possessions resulting from, without limitation, inclement weather, transportation accident, or terrorism. On behalf of myself and my heirs (and participant, if participant is under 18), I personally assume all such risks, whether foreseen or unforeseen by Lastleaf Missions or myself.

I agree that it will solely be my responsibility to obtain information on travel immunizations required/recommended and travel precautions for the area. I realize that immunizations must be completed 4-6 weeks prior to travel.

I hereby release and hold harmless Lastleaf Missions its officers, employees, agents, and representative/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my/my child's participation in this trip. I understand that this release and indemnification releases liability for the conduct of Lastleaf Missions and its agents, servants, employees or assigns.

I also give Lastleaf Missions the right to use my/my child's picture, voice and/or testimony in any form of promotional or advertising materials.

### Consent for Medical Treatment:

Participant wishes to be a member of a Lastleaf Missions missionary group. Certain circumstances may occur resulting in Participant's need for medical/dental care and treatment, and further resulting in Participant's or (in the case that Participant is a minor) Participant's Parent's or Legal Guardian's inability to personally give consent for such care and treatment. In consideration of permission from Lastleaf Missions, for Participant to participate in said missionary group, Participant or (in the case or any designated agent of Lastleaf Missions, or medical facility to act on Participant's behalf should Participant be unable to do so and to consent to all medical/ dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery or other procedures which Lastleaf Missions, deems necessary for Participant's medical well-being for the duration of the mission. This consent is given in advance of any specific diagnostic tests, treatment, surgery or medications, and is given to provide authorization and specific consent for medical/dental treatment and care on Participant's behalf. Any consent by Lastleaf Missions, shall have the same force and effect as if Participant had personally given the consent.

I certify I have personal health insurance, including foreign countries, with no territorial limitation, for the providing of medical services to participant, which will provide coverage for participant during the duration of said mission. I understand that Lastleaf Missions, provides Brotherhood Mutual Coverage for its team members. I understand that this coverage may not cover all claims.

I understand that proof of insurance coverage will be due to my health care provider at the time of treatment or office visit.

### Accountability Agreement:

The rules and regulations of Lastleaf are specifically designed to ensure the safety and well being of each team member and to maintain the high degree of Christian integrity required to minister effectively in a cross-cultural setting. Lastleaf Missions staff enforces these rules and regulations. Enforcement shall occur in a manner, which Lastleaf Missions staff feels is in accordance with Christian principles and the stated purpose of the project. We expect full cooperation from members and parents in disciplinary decisions made. The discipline committee reserves the right to send home any team member that shows disregard for the stated rules and regulations. The team member and/or their family are responsible for any cost involved in sending the team member home. These costs may include, but are not limited to, airfare, hotel and food for the team member and chaperone. I have read the rules, regulations and the disciplinary measures and agree to abide by them.

### Behavioral Agreement:

By participating in a Lastleaf mission trip, I understand I am expected to follow the stated rules as well as carry myself according to Christian principles. I understand the Oath is the standard of conduct for all members and will follow it to the best of my ability. The characteristics of the Oath include:

**Honor** – I will be honorable through thoughts, actions and speech daily.

**Faith** – I commit to listen to and obey God's Word, knowing that when I do so, His power will be made manifest in my life and in the lives of others.

**Relationships** – I commit to love and esteem others higher than myself, understanding that my leaders, team members and the people of the world are God's creation and are to be treated with love and respect.

(This line for Minors only): My child, \_\_\_\_\_ has our permission to participate in the following 2019 Summer Missions Trip to \_\_\_\_\_ .

**\*\*\*Must Read Before Notarizing\*\*\***

\*If participant is under 18 years old and both birth parents notarized signatures are not available, proper documentation must be attached. Documentation may include:

- Custody papers showing which parent or relative guardian has sole custody
- Copy of parent's death certificate
- Copy of Participants birth certificate where father's name is missing

My/our enclosed signature signifies my/our approval of the participant's (who is under 18 years old) participation in Lastleaf Missions trips. I/we have read and understand the above information, all limitations listed above as well as my/our agreement with the Accountability and Behavioral Agreement. My/our signature represents that all information on these forms is true and correct to the best of my/our information.

\*Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On \_\_\_\_\_, of 20 \_\_\_\_\_, before me, \_\_\_\_\_, a Notary Public in and for said county, personally appeared \_\_\_\_\_ (Subscribing Witness), known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

Notary Public Signature:

My commission expires:

AUTHORIZATION OF NOTARY PUBLIC

STATE OF:

COUNTY OF:

