



STATESIDE TRIPS ASSUMPTION OF RISK FORM FOR MINORS

MAIL TO: PARTNERSHIP INTERNATIONAL
8790 LAKE JORDAN LN NORTH DINWIDDIE, VA 23803

PARENTAL CONSENT, CERTIFICATION, AND MEDICAL RELEASE

Adult's Name _____ Phone # _____

Relationship to Minor _____

This form is to be completed by parents or legal guardians of minor children (*under the age of 18 on the trip departure date*) who are required to complete this form. **THIS FORM IS NOT VALID IF COMPLETED BY A MINOR OR IF NOT NOTARIZED. THIS FORM MUST BE COMPLETED BY THE PARENT(S) OR LEGAL GUARDIAN(S) OF THE CHILD LISTED BELOW. SUBMISSION OF THIS FORM TO PARTNERSHIP INTERNATIONAL CONSTITUTES A CLAIM THAT THE SIGNOR(S) ARE AUTHORIZED REPRESENTATIVE(S) FOR THE DESIGNATED CHILD.**

PART 1—General Information (Please print)

Child's Name _____ D.O.B. _____

Gender _____ Age _____ Child's Address _____

Cell Phone # _____ Evening Phone # _____

Father's Name _____ Mother's Name _____

Family Doctor _____ Dr.'s Phone # _____

In case of an emergency, notify _____ Phone # _____

Insurance Company (if applicable) _____ Policy Number _____

PART 2—Consent, Certification, and Assumption of Risk

1. _____ I, the undersigned, being the parent or legal guardian of the child named above (*the "child"*), do hereby consent to the child's participation in a stateside outreach with PARTNERSHIP INTERNATIONAL INC., to (*list trip location*) _____. This consent includes, but is not limited to, the child's participation in all activities customarily associated with a PI trip. I am aware of the hazards and risks associated with such a trip including, but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. Further, I certify that the child is physically and mentally fit and adequately trained to participate in such an outreach. If my child is not physically fit to participate in rigorous activity, I have noted such in the Health Information section of the application. I understand that in the case just mentioned, PI requires a written release from my physician authorizing the designated child to participate in this activity.

2. _____ I, the undersigned, being the parent or legal guardian of the child named above do not wish for my child to have any type of immunization or tetanus shot given while on this trip, nor has any been given to the child. I understand fully that I am releasing Partnership International, Inc and take full responsibility in the event of any type of exposure or danger this might put my child in.

3. I understand that while the designated child participates on a PI team, he or she is responsible to comply with all orders and directives of the appointed team leader and/or the individual in charge of the project. I understand that refusal by the designated child to comply with these orders and directives may result in him/her being sent home at my/our expense (including the expense of an accompanying adult chaperone).

4. I am aware of the hazards and risks to my child and his or her property associated with serving in a missions capacity; such hazards and risks including, but not being limited to: death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my child's assignment with full awareness of these risks, and, subject to the insurance coverage described below, I voluntarily assume all risks of death, injury, illness, and damage to my child associated with such risks, and any damage to his or her personal property. I further recognize that such risks have always been associated with missionary service (*2 Corinthians 11:23-28*).

Furthermore, I understand that while the designated child participates on a PI team, PI cannot guarantee that he/she will not be exposed to, become infected with, or suffer injury from a coronavirus or other communicable/infectious disease or sickness while on the premises, while traveling, to any organized activity, or while engaged in any organization-related activity. I Certify that the child and I agree with the *4 Basic Commitments - A Covid Covenant*:

- 1) He/She will respect and accept the regulations of the country or city I am going to. He/She will do this as a representative of Christ, my Church, and Partnership International.
- 2) He/She will respect and be kind to others who have different views on this topic than I do.
- 3) He/She is willing to take a Covid Test entering and/or leaving a country or city and agree to pay for such test(s), if it is required by the country or city regulations.
- 4) If he/she test positive, I understand and accept that there could be additional expenses incurred to me for food, lodging, and travel adjustments. And, he/she will be willing to quarantine as required by current regulations.

5. Subject to insurance coverage described below, I waive and release any and all claims for damages which I, or my heirs or successors, may have against Partnership International, the local church sponsoring the PI trip, or any agent or employee of any such organization, arising from my child's death, injury, illness, or any property damage or loss occurring during the term of his or her assignment, or as a result of his or her assignment.

6. I do hereby assume all risks of death, illness, or injury that my child may suffer as a result of said assignment, from (*but not limited to*) those causes described above. I understand the terms of the insurance coverage available for my child, and I understand that if I desire additional coverage for my child, it is my responsibility to purchase additional coverage.

7. I understand and accept the following policy of PI regarding ransom payments and understand that this is the policy of PI and all affiliated agencies: *PI has determined that it will not pay ransom nor yield to the demands of anyone who takes one of our missionary family or staff hostage. PI pledges itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage should it ever occur. This policy was made after sufficient study of the policies of other evangelical missionary societies and after considering the advice of the United States State Department.*

8. I expressly waive any defense to the enforcement of any provisions 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 enforceable against me in accordance with its terms.

PART 3—Insurance

I am aware of the hazards and risks to my child's person associated with serving in a missions capacity, as described above. I further understand that PI currently offers the **OPTIONAL** insurance coverage summarized on the application for an additional cost of \$20.00 per person and will provide coverage on my child's behalf for the duration of ministry through a group policy if I choose to elect the coverage. I understand that my child is not covered during any divergences in itinerary that are willingly made, to include, but not limited to, unnecessary stopovers made in transit. I also understand that the coverage (*as detailed in application*) is **supplemental** to insurance coverage I already have.

Part 4—Photography Release

I, (*name, please print*) _____, give PI the irrevocable and unrestricted right and permission to use my child's photograph in its publications, electronic reproductions (*web sites*) and/or promotional materials or any other purpose and in any manner or medium. I release PI, the photographer, their offices, employees, and designees from liability for any violation of any personal or proprietary right I or my child may have in connection with such use.

Signature of Parent/Guardian _____ **Date** _____

PART 5—Medical Treatment Authorization

I understand that PI or an agent authorized by PI will attempt to notify me in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize PI or an agent they authorize to contact medical personnel and to provide the necessary medical services in the event my child is injured or becomes ill. I authorize the Director or properly appointed staff member of PI to make emergency medical care decisions on behalf of my child, if required by law or a health care provider. I agree to notify the PI office in the event of any health changes that would restrict my child's participation on an PI trip. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they believe to be beyond the physical capabilities of my child. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I, AS AN AUTHORIZED AGENT OF THE DESIGNATED CHILD, VOLUNTARILY SIGN THIS RELEASE FOR MY CHILD AS MY OWN FREE ACT.**

(Signature of Parent/Guardian) (Date)

(Signature of Parent/Guardian) (Date)

FOR USE OF NOTARY PUBLIC ONLY:

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 20_____, before me, _____, a Notary Public in and for said state personally appeared _____, known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposed therein stated.

SIGNATURE: _____ **MY COMMISSION EXPIRES:** _____