

Location of trip: _____ Dates of trip: _____

Last Name: _____ Middle: _____ First: _____
(FULL LEGAL NAME as recorded on your Passport)

Passport # _____

DOB: (Month) _____ (Day) _____ (Year) _____ Age: _____



2024 RELEASE FORM FOR MINORS

REQUIRED For all minors participating in missions trips

Name of parent(s) (guardian): _____ Date: _____
_____ in consideration of my/our

As parent and/or guardian I/we

child/dependent's participation on this mission trip to _____, represent and agree that: I/We grant to any of the Hope International Ministries leaders (hereafter referred as "HIM Leaders") or their representatives the right to represent me in decisions relating to child/dependent's welfare during the missions trip.

I/We hereby grant any of the HIM leaders or their representatives my permission to authorize medical treatment and medication on my child/dependent's behalf. I/We will not hold any of the HIM leaders or their representatives responsible for the results of such treatment, medications or decisions made on my child/dependant's behalf.

I/We are aware of the hazards and risks to child/dependant and property associated with this missions trip. I/we have read the U.S. State Department's Travel Advisory (if any) for this country found at http://travel.state.gov/travel_warnings.html. These risks include, but are not limited to, death or injury by accident, disease, terrorist acts, weather conditions, and inadequate medical services and supplies. I/we as the parents/legal guardians accept these conditions with full awareness and I/we assume all risks of death, injury, illness, terrorist assaults and personal property loss or damage associated with such risks.

I/We attest and certify that my child/dependent is physically fit and has no medical conditions that would prevent them from participating on this trip and in activities which may include long hikes, high altitude, physical labor, heat, limited and infrequent meals. I/we are aware of the disease risks associated with foreign travel and I/we accept these risks.

I/We agree to hold harmless, indemnify and defend Hope International Ministry, it's employees, team leaders and volunteers against injury, claim or action that may arise on behalf of my child/dependent other than for the willful or reckless misconduct of Hope International Ministries, it's employees, team leaders or volunteers.

I/We grant media release permissions for HIM and its representatives to take, store and publish pictures and video of my child/dependent and for use in video presentations, print and online media for promotional purposes in all forms HIM deems appropriate.

Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____

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.

Notary Public _____ My commission expires _____

IMPORTANT: Please mail this notarized document to: Hope International Ministries,
4718 Rockwood Circle, N. Ft. Myers, FL 33903