



## RELEASE AND CONSENT FORM - MINORS

6-9-16

I hereby, for myself, my heirs, executors, and administrators, waive and forever discharge any and all right and claims for damages which I may have or which may hereafter accrue to me against CARMEL BAPTIST CHURCH, their members, respective officers, agents, representatives, successors, and/or assigns, individually or collectively for any and all damages and liabilities which may be sustained and suffered by me in connection with my association with/or arising out of my traveling with, participation in, and returning from any activity sponsored by CARMEL BAPTIST CHURCH.

The undersigned further agrees that he/she will not institute any action or suit at law or in equity against Carmel Baptist Church, its directors, officers, members, administrators, employees, members, team captain or team coordinators and/or team members at any time, and will not institute, prosecute, or in any way aid in the damages, loss, loss of services, expenses or compensation for or on account of any alleged damage, loss, injury, health problem, disease, or illness to any person or property, or both, whether developed or undeveloped, resulting from or to result from known, unknown, past, present or future by the said participant's participation in mission projects sponsored by CARMEL BAPTIST CHURCH.

The person and others whose signature are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his or her physician and surgeons. I (we) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide necessary care, including anesthesia, for my child's well-being. I (we) also fully assume the responsibility for all medical bills and associated costs.

In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures below.

DATE: \_\_\_\_\_ TRIP NAME: \_\_\_\_\_ DATES OF TRIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PASSPORT NUMBER: \_\_\_\_\_

PARTICIPANT'S NAME: \_\_\_\_\_  
Last Middle First

ADDRESS: \_\_\_\_\_  
Street City State Zip

YOUR EMAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME OF EMERGENCY CONTACT: \_\_\_\_\_ Relationship \_\_\_\_\_

Address of Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Work Phone: \_\_\_\_\_ Best way to reach this person: \_\_\_\_\_

### SECONDARY INSURANCE INFORMATION:

Carmel Baptist Church will secure accident and injury insurance for each volunteer during the mission trip. The following information is needed to secure this insurance:

Beneficiary Full Name \_\_\_\_\_

Relationship to Beneficiary \_\_\_\_\_

### MEDICAL INFORMATION:

I hereby give my full and unconditional permission to the Team Leader(s) to administer over the counter medicine to my child if they deem it necessary and appropriate. These medicines would include, but not limited to, the following: Aspirin, Tylenol, Advil, Pepto Bismol, Immodium AD, Antacids such as Tums, Rolaids, etc., Cold Medicine, and Cipro.

List any current allergies, illnesses, physical conditions, or medications: \_\_\_\_\_

Do you take any medication on a regular basis?  Yes  No

If yes, please describe \_\_\_\_\_  
(If you are on medication during this trip, please notify the adults in charge)

Is sponsor authorized to approve medical treatment?  Yes  No

Is participant covered by personal/family medical insurance?  Yes  No

If yes, Name of Insurer: \_\_\_\_\_ Policy or Group Number \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone \_\_\_\_\_

(Both parents must sign unless parents are separated or divorced in which case custodial parent or legal guardian must sign.)

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent (if applicant is under 18 years of age)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent (if applicant is under 18 years of age)**

\_\_\_\_\_  
**Date**

# Parental Consent Form for Minors

Revised 01/21/15



1145 Pineville-Matthews Road, Matthews, NC 28105

Mission trip team members under the age of 18 are required to obtain parental consent from both parents in order to participate on a Carmel sponsored mission trip. Parental consent is often required by governmental officials when minors are leaving the country without a parent(s).

If one of the parents is accompanying their child on the trip, then the parental consent form is only required from the parent not going on the trip. If neither parent is accompanying their child on the trip, then a separate parental consent form is required from each parent. If both parents are accompanying their child on the trip, then no consent forms are required from either parent.

I, \_\_\_\_\_, consent to allowing my minor child(ren) to travel out of the United States on a Carmel Baptist Church mission trip on the dates and destination indicated:

Name of Child(ren): \_\_\_\_\_

Consenting Parent or Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Destination: \_\_\_\_\_

Dates of Trip: \_\_\_\_\_

Signature (Notarized): \_\_\_\_\_

\_\_\_\_\_

## Notary:

State of \_\_\_\_\_, County of \_\_\_\_\_, subscribed and sworn to (or affirmed) before me, \_\_\_\_\_ (insert name and title of the notarizing officer) on \_\_\_\_\_, by \_\_\_\_\_, who personally appeared and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and who acknowledges to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the person, or entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal,

Notary Public: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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WITNESS my hand and official seal,

Notary Public: \_\_\_\_\_ Expiration Date: \_\_\_\_\_



## Travel Insurance Form

It is the policy of the Missional Outreach Ministry that all participants on mission trips have travel insurance. Carmel Baptist Church will fulfill this requirement by purchasing coverage for participants for the period they are on the trip. The church will cover the cost of this coverage. Your insurance will be provided by Gallagher Charitable International Insurance Services.

### Summary of Coverage Highlights

Benefit	Limit	Comments
Accidental Death & Dismemberment	\$100,000	Reduced to \$10,000 for those under age 12 or age 70 and over
Medical Expenses \$100 deductible	\$10,000	Primary coverage; \$2,500 of this limit is available to pay U.S. or Canadian providers; no pre-existing condition exclusion
Disability Income Benefit (no benefit if under age 12 or 70 and over)	\$1,000/mo \$ 500/mo \$ 250/mo	First 100 months - Accident Months 101 - 200 - Accident 50 Months - Sickness (after 3 month waiting period)
Assistance Services	Included	Available 24/7/365 for assistance with worldwide medical emergencies; provided by Specialty Assist
Emergency Medical Evacuation	\$100,000	Coordinated by Specialty Assist; will bring insured back to U.S.A.; no pre-existing condition exclusions
Crisis Management Service	Included	Available 24/7/365 for assistance with worldwide non-medical emergencies; provided by red24
Security Evacuation	\$100,000	Coordinated by red24; for evacuation due to natural disasters, civil unrest, crime, kidnap or hostage situations
Family Coordination & Repatriation of Mortal Remains	\$25,000	Combined limit for both benefits and includes a sublimit of \$2,500 for extra expenses incurred during an approved evacuation.
Personal Property \$100 deductible	\$2,500	"Door to door", replacement cost coverage; includes checked baggage; higher limits available upon request
General Liability	\$1,000,000	Worldwide jurisdiction; includes coverage for injury to a volunteer; covers volunteer and sending organization

Please complete the Following:

**TRAVEL INSURANCE INFORMATION**

I hereby authorize Carmel Baptist Church to purchase on my behalf the necessary travel insurance for the duration of my short-term mission trip. I am furnishing the information below that is necessary to purchase the insurance.

Full Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at date of departure\*: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Country of Issue: \_\_\_\_\_

Carmel Baptist Church will secure accident and injury insurance for each volunteer during the mission trip. The following information is needed to secure this insurance:

Beneficiary Full Name \_\_\_\_\_

Relationship to Beneficiary \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

- *Parent's signature if under 18, self-signed if 18 or over)*