

FOR OFFICAL USE ONLY

IMPORTANT:

1. All pages must be filled out using blue or black ink. No pencil.
2. If the participant is under the custody of both parents, we need both parents' signatures. If not, we need the signature of the one who has custody plus proof of sole custody.
3. Print legibly. New forms may be requested if illegible.
4. The Travel Consent Form must be notarized!
5. All participants must sign these forms along with their Parents/Legal Guardians.

Received By: _____
 Date Received: _____
 Forms Complete? _____

PLEASE PRINT CLEARLY!

First Name:		Middle Name:		Last Name:	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Country of Citizenship:			
		<input type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Other: _____			
Mailing Address:			Email Address:		
City:		State:	Zip:	Home Phone: ()	Mobile Phone: ()
Emergency Contact Name:		Relationship:		_____ Phone: ()	_____ Phone: ()
T-Shirt Size:	Passport #: N/A	Expiration Date: N/A		Age:	Birthday mm/dd/yyyy: (this is a must!)
Destination:		Dates:		Group Leader: (if applicable)	
Church Name:			Pastor's First and Last Name:		

The information I have given Global Passion Ministries is accurate and true to the best of my knowledge.

Participant's signature	Date
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MEDICAL QUESTIONNAIRE

I certify that my child is physically fit and adequately trained to participate on a Global Passion Ministries trip. I have read the recommendations from Global Passion Ministries and the Center for Disease Control regarding vaccinations, immunizations and other precautions for the prevention of disease. I certify that my child has followed and is following all procedures (shots, serums, medications, etc.) recommended by our local physician and the above agencies.

Medical Questionnaire – Please be very detailed. Attach another page if needed.

Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes No (If yes, please explain.)

Is your child allergic to any type of medications? Yes No (If yes, please explain.)

Does your child require(s) a special diet? Yes No (If yes, please explain.)

Does your child have any allergies other than medical? Yes No (If yes, please explain.)

Does your child ever sleep walk? Yes No

Can your child swim? Yes No

Does your child have any physical condition or illness that would prevent him/her from participating in rigorous activity? Yes No (If yes, please explain.)

If you answered YES to the above question, a written release must be submitted by your local physician authorizing you or your child to participate in the Global Passion Ministries activity.

I certify that I have personal health insurance with the following company. A lack of personal health insurance will not limit your participation in this outreach.

Company Name

Policy Number

Family Physician

Physician's Work Phone

DISCLAIMER

Proposed Activity: Global Passion Ministries Trip

First:

We _____ are the adult natural parents or
Parents'/ Legal Guardians' Names
Legal Guardians of _____, (hereinafter referred to as "Participant"), a minor of
Child's Name
_____ years and _____ months of age.

Second: Participation Disclosures and Waivers

The participant and the parents understand and agree that there are a number of various programs undertaken in affiliation with Global Passion Ministries involving activities and individuals that are often not under direct control or supervision of Global Passion Ministries, and that there is an overriding policy that each participant involved in these programs does so at their own risk of personal injury or damage to property; and, Participant desires to take part in the activity mentioned herein above, and fully understands and agrees that such activity might involve sporting activities, travel or contacts with other individuals or groups, and that Global Passion Ministries has limited or no control over other individuals involved in such activity; and that there is always the risk of physical injury, illness, and other loss, and possible costs or expenses for medical or dental diagnostic and curative treatments, and general and special damages for incidental loss or expense; and, in these premises, Participant does for himself/herself, and for and on behalf of said Participant and his or her family, representatives and heirs, assume the risk of responsibility or sort of loss or injury of or to person or property of any description in the regard, and as an inducement to Global Passion Ministries and its agents to allow the undersigned and Participant to participate in such activity, does hereby agree to hold harmless Global Passion Ministries and its agents from all these things in event any such claim should arise. *Global Passion Ministries does not act as an insurer, guardian, guarantor or warrantor of health or safety of anyone involved in such activity.*

Third: Medical Authorization

Whereas, my child, wishes to be a member of a Global Passion Ministries team which will be traveling, and whereas, certain circumstances and situations may occur resulting in my child's need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment;

Therefore,

1. In consideration of permission for my child to participate in said mission, I authorize Global Passion Ministries or any agent of Global Passion Ministries to act in my child's behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic tests, x-ray examinations, anesthesia, surgery and other procedures that may be deemed necessary for my child's medical well-being for the duration of the mission trip.
2. This consent is given in advance of any specific diagnosis, treatment, surgery or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in my child's behalf.
3. Any consent by Global Passion Ministries shall have the same force and effect as if I had personally given the consent.
4. I hereby release and hold harmless Global Passion Ministries, its officers, employees and representatives/volunteers from all liability for all 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, as well as all property damage or loss arising out of my child's participation in this trip.

DISCLAIMER (CONT.)

Fourth: Discipline

The participant and their parents hereby submits to and agrees to abide by all rules and regulations, supervision and discipline set and applied by Global Passion Ministries or its agents, and it is agreed that for violation of such rules and regulations, supervision or discipline, the participation in the said activity may then be immediately terminated, without liability on Global Passion Ministries or its agents.

Fifth: Parent Travel Consent Form

I hereby have given my child permission to travel to the designated country during with provided supervision by Global Passion Ministries through its adults serving as its agents. If my last name differs from my child's last name, I will provide a copy of my child's Birth Certificate or legal guardianship documents following the notarized document on page seven.

Sixth: Volunteer Status

My child is a volunteer and I acknowledge that they will not receive any payment from Global Passion Ministries or the General Council of the Assemblies of God, or any District Council of the Assemblies of God for their participation on the mission trip.

Seventh: Video & Photographs

As on any trip there are often videos and/or photographs taken during the mission trips. From time to time, Global Passion would like to use these videos or photos on Facebook, in newsletters, on the Global Passion website or for marketing purposes to allow others to see the impact these mission trips have. Global Passion would never provide any specific information regarding your child. These videos or pictures will never be sold and would only be used exclusively for Global Passion purposes. Therefore I give Global Passion Ministries the right to use my child's picture, voice, and/or testimony in any type of promotional or advertising materials.

Eighth:

I waive any and all claims for damages which I, or my heirs or successors, may have against the General Council of the Assemblies of God or Global Passion Ministries or any District Council of the Assemblies of God arising from my child's death, injury, illness or any property damage or loss occurring during the term of my/my child's assignment or as a result of my/my child's assignment.

Ninth:

I understand and accept the following policy of the General Council of the Assemblies of God and Global Passion Ministries regarding ransom payments:

The General Council of the Assemblies of God and Global Passion Ministries has determined that it will not pay ransom nor yield to the demands of anyone who takes hostage one of our staff or volunteers. The General Council of the Assemblies of God and Global Passion Ministries pledges themselves 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.

Participant's Signature

Date

Father/Legal Guardian's Signature

Date

Mother's Signature

Date

TRAVEL CONSENT NOTARIZATION FORM

We _____ and _____ the
(Father's first and last name) (Mother's first and last name)

parents of _____ give our child permission to travel
(Child's first and last name)

to _____ with Global Passion Ministries for the month of _____.
(Country) (Month of Trip)

NOTE:

- ***Parents, if your last name differs from your child's last name, you are required to attach a certified copy of their Birth Certificate along with this document.***
- ***If both parents have custody, both signatures are required!***
- ***If one parent has sole custody, please provide proof.***

PLEASE SIGN BELOW IN THE PRESENCE OF A NOTARY:

After being duly sworn, declares that he/she has read and signed the foregoing Medical Authorization, Disclaimer and Travel Consent Agreement at his/her own free act and deed.

Mother/guardian signature: _____

Print Name: _____

Father/guardian Signature: _____

Print Name: _____

NOTARY AREA:

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public

Date

(Notary Stamp)