

Notarized Consent Forms for Minor

Medical Release, Consent for Treatment, Liability Release

This release is for _____.

I/We, the undersigned, hereby give my permission to MISSIONSPORTS FOUNDATION, its representatives and all attending health care professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to treat, hospitalize, anesthetize, or perform surgery on my son or daughter, _____, as is required.

I/We, the undersigned, do release, acquit, discharge and covenant to hold harmless MISSIONSPORTS FOUNDATION and its representatives from all actions, damages or liabilities arising out of treatment of any sickness or accident incurred by my son or daughter's participation on the trip. It is the intention of this release that MISSIONSPORTS FOUNDATION and its representatives incur no liability whatsoever while attempting to meet all medical needs that my son or daughter may require during the trip.

I/We understand that I am personally responsible for any medical expenses that may be incurred on behalf of my son or daughter.

I/We hereby release MISSIONSPORTS FOUNDATION, its agents, employees, and volunteer assistants from any liability whatsoever arising out of an injury, damage, or loss which may be sustained by said person(s) during the course of involvement with MISSIONSPORTS FOUNDATION.

Dated this _____ day of _____, 200__.

Parent/Legal Guardian Signature

Parent/Legal Guardian Signature

State of _____, County of _____. Sworn to and subscribed to me this _____ day of _____, 200__.

Notary Public Signature: _____ My commission expires: _____

Notarized Consent Forms for Minor (cont.)

Permission for minor to travel outside the United States of America

Legal Consent for Minors

I/We hereby give my consent for _____
FULL NAME OF MINOR
to travel outside of the United States of America with MISSIONSPORTS FOUNDATION.

Dated this _____ day of _____, 200__.

Parent/Legal Guardian Signature

Parent/Legal Guardian Signature

State of _____, County of _____. Sworn to and subscribed
to me this _____ day of _____, 200__.

Notary Public Signature: _____ My commission expires: _____

Notarized Consent Forms for Adult

Medical Release, Consent for Treatment, Liability Release

In case of unconsciousness, or inability to release myself for medical treatment resulting from an accident on the trip that requires medical attention, I, _____, give my permission to MISSIONSPORTS FOUNDATION, its representatives and all attending health care professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to hospitalize, anesthetize, or perform surgery on me as is required. I, _____, the undersigned, do release, acquit, discharge and covenant to hold harmless MISSIONSPORTS FOUNDATION, and its representatives from all actions, damages or liabilities arising out of treatment of any sickness or accident incurred by my participation on the trip. It is the intention of this release that MISSIONSPORTS FOUNDATION and its representatives incur no liability whatsoever while attempting to meet all medical needs that I may require during the trip.

I understand that I am personally responsible for any medical expenses that may be incurred on my behalf.

I hereby release MISSIONSPORTS FOUNDATION, its agents, employees, and volunteer assistants from any liability whatsoever arising out of an injury, damage, or loss which may be sustained by said person(s) during the course of involvement with MISSIONSPORTS FOUNDATION.

Dated this _____ day of _____, 2005.

Applicant's Signature

State of _____, County of _____. Sworn to and subscribed to me this _____ day of _____, 200____.

Notary Public Signature: _____ My commission expires: _____