

RELEASE OF LIABILITY, MINOR'S CONSENT FOR MEDICAL TREATMENT AND HEALTH INSURANCE INFORMATION

***Do not sign until in the presence of a notary!**

Participant's Name: _____ Birth date: ____/____/____

Social Security #: ____ - ____ - ____

WHEREAS, I _____, am the legal guardian of _____ (participant) who wishes to be a participant of BurnWagon will be staying in the United States and/or traveling to foreign countries and WHEREAS, certain circumstances may occur resulting in his/her need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment; THEREFORE, in consideration of permission from Herman International Ministries for myself to participate in said group,

I, _____, being the legal guardian of _____ (participant), authorize Herman International Ministries, or any designated agent of Herman International Ministries, to act on my behalf and to consent to all medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures which Herman International Ministries deems necessary for my medical well-being for the duration of the school. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required and allergy medications, and is given to provide authorization and specific consent for medical/dental treatment and care on the participant's behalf. Any consent by Herman International Ministries shall have the same force and effect if I had personally given the consent.

I hereby release HIM, its agents, servants, employees and volunteers for any and all damages, liability or costs resulting from the authorizing of medical treatment on my behalf under the terms of this consent. I further hold HIM harmless and agree to indemnify Herman International Ministries for any and all costs, damages or expenses incurred by HIM as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. I understand that this release and indemnification releases treatment for the conduct of HIM and its agents, servants, employees or volunteers even if such conduct is negligent.

I further authorize Herman International Ministries to release any and all other medical information or records necessary to any party deemed necessary by HIM its agents, servants, employees and representatives/volunteers for the providing of medical treatment to _____ (participant) or to members of the group to insure proper placement of participant in such group.

I am aware that serious illness or injury may occur during the trip and that such illness and injury may result in the participant incurring costs, expenses and damages for which I am solely responsible.

I hereby release and hold harmless HIM its officers, employees, and representatives/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of the participation of _____ (participant) in this trip. I have read and understand the above information. The information I have given HIM is accurate and true to the best of my knowledge. I also

give HIM the right to use the participants' picture, voice and/or testimony in any form of promotional or advertising materials.

I am aware and understand that all funds raised are *non-refundable* and will be used in accordance with Herman International Ministries' 501 (c)3 tax-deductible charter. If for ANY reason a participant is unable to attend, or if the trip is cancelled for extenuating circumstances, funds that have not been applied to the cost of the school will be held for one year to be used by the participant.

My enclosed signature signifies my approval of all limitations listed. My signature insures that all information on this form is completely true and has not been altered in any way.

Date _____ **Parent's Signature** _____

I certify that the participant has personal health insurance for the providing of medical services to provide coverage for the participant during the duration of the trip. I understand HIM provides no health plan.

Yes No

Company (**must provide copy of medical insurance card**) Policy #

Insurance Company Phone # Name of the Policy Holder

State of _____. County of _____. ***The notary fills out (this section)***

Before me, the undersigned, a Notary Public in and for said county and state on _____, 200__, personally appeared the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year above written.

NOTARY STAMP
