

Hebrew Roots Teens With A Mission

Camper Release Form

A: LEGAL PERMISSION FORM

Participant (or Minor's) Name _____

Address _____

Permission

As participant, parent or guardian of the above named person, I give permission for my child to travel with and participate in the 2018 Hebrew Roots Teens With A Mission project in Costa Rica, Central America led by: Mark Roth, Linda Roth, Bethany Strong, and Joel Sanchez which takes place January 18-28th, 2018. I agree, individually or on behalf of my child, to the terms of the following release of liability.

In consideration of the acceptance of my application for this mission trip, I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to release, hold harmless, discharge forever and defend all leaders, staff, ministers, employees, volunteers, or affiliates of any of them, its officers, directors, agents, employees, or representatives associated with the Hebrew Roots Teens With A Mission project, including the coordinators, Mark Roth, Linda Roth, Bethany Strong, and Joel Sanchez of any and all liability, claim, loss, damage, cost or expense arising from or in connection with my participation in this trip. I (we) waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such person or organization in connection with the sponsorship, organization and involvement in all activities, occurrences and consequences, to include health, sanitation and safety exposures, related to the Mission trip.

The "Mission trip" in this context includes all time related to preparation for the trip, travel to and from the Mission, and the duration of the visit in Costa Rica.

Release for Emergency Medical Treatment

Should emergency medical treatment be necessary, and I (or my minor) am/are not able to act on my (his/her) own behalf, I authorize the delegated agents of the Hebrew Roots Teens With A Mission to act on my (or my minor's) behalf and approve appropriate treatment.

Signature of Participant (camper) and Date

Both parents (if living) and/or the guardian(s) of each minor must sign this Permission and Release form before the minor leaves the US. The **notarized signature** of both parents and/or the guardian(s) is required by US and Costa Rican law, even if they are separated or divorced.

Printed Name & Signature of Parent or Guardian (if applicable), Date

Printed Name & Signature of 2nd Parent or Guardian (if applicable), Date

B: GENERAL MEDICAL INFORMATION

Medical Insurance and Emergency Contact Information

Participant's Legal Name: _____

Emergency Contact Name: _____

Relationship to Participant: _____

Daytime (Cell/Work) Number: _____

Evening (Home) Number: _____

Email Address: _____

NOTE: *This person will be added to a distribution list for updates while the trip is in progress.*

Insurance Company: _____

Group and Policy Number: _____

Does coverage extend out of the country (Y/N)?: _____

Insured's Name and SSN: _____

Physician's Name: _____

Physician's Phone Number: _____

Specific Medical Information: _____

Allergic reactions (medications, foods, plants, insects, etc.): _____

Medications taken presently: _____

Any additional information? _____

C: Notary

State of _____ County of _____ This instrument was acknowledged before
me this _____ day of _____ (month), _____ (year), by _____
(name of 1st signer)

Personally Known____ Produced Identification____ Type and # of ID _____

(Signature of Notary)

(Seal)

(Name of Notary Typed, Stamped, or Printed)
Notary Public, State of _____

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State of \_\_\_\_\_ County of \_\_\_\_\_ This instrument was acknowledged before  
me this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year), by, \_\_\_\_\_  
(name of 2<sup>nd</sup> signer if applicable)

Personally Known\_\_\_\_ Produced Identification\_\_\_\_ Type and # of ID \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Name of Notary Typed, Stamped, or Printed)  
Notary Public, State of \_\_\_\_\_