



Parental Consent and Medical Authorization
For Minors under the Age of 18
Domestic Travel

A Parent or legal guardian of a minor child is required by _____
(Church/District hosting AIM trip) to complete this form, sign and return to the team leader. This form is NOT
 valid if completed by the minor. This form must be signed by a parent or a legal guardian. The information
 requested is designed to assist _____ *(Church/District hosting AIM trip)* in
 providing for the safety of minors during church sponsored activities.

Minor's Name ("Child"): _____ Date of Birth: _____

Street Address: _____ City, State, Zip: _____

Your relationship to the person named above: Father Mother Legal Guardian

Your Name: _____ **Email:** _____

If Address is the same as Child's (skip to phone information):

Address: _____ City, State, Zip: _____

Phone Numbers – Home: _____ Work: _____ Cell: _____

Detailed Description of Activities:

TRANSPORTATION (AS OF THIS DATE), SUBJECT TO CHANGE: **(AIM leader fills this part out)**

ACTIVITIES INCLUDING BUT NOT LIMITED TO: **(AIM leader fills this part out)**

DATES AND LOCATIONS OF ACTIVITIES: **(AIM leader fills this part out)**

WARNING REGARDING COVID-19

I/We, the parent(s) and/or legal guardian(s) of Child acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities recommend practicing social distancing. I/We further acknowledge that _____ (Church/District hosting AIM trip) has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I/We further acknowledge that _____ (Church/District hosting AIM trip) cannot guarantee that I/My child will not become infected with the Coronavirus/Covid-19. I/We understand that the risk of becoming exposed to and infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, _____ (Church/District hosting AIM trip), the General Council and its employees and staff. I/We voluntarily seek to have our child participate in the above event and acknowledge that I/We are increasing their risk to exposure to the Coronavirus/COVID-19. I/We acknowledge that we are solely responsible for compliance with all applicable precautionary measures of my state and local health agencies, and the CDC.

Under Missouri law, any individual entering the premises or engaging the services of the business waives all civil liability against the individual or entity for any damages based on inherent risks associated with an exposure or potential exposure to COVID-19, except for recklessness or willful misconduct.

I DO NOT WANT MY CHILD PARTICIPATING IN any of the following activities (If your Child has no restrictions, please write "N/A"):

I approve the following travel plans:

If transporting my Child to and from the church-sponsored activities, I authorize the church's designated team leader(s) to make any changes to the travel plans specified below as circumstances dictate.

Medical Information:

Family Doctor: _____ Doctor's Phone: _____

Insurance Company: _____ Policy Number: _____

Is your Child presently being treated for injury/sickness or taking any form of medication? No Yes (explain)

Please list medications, foods or environmental conditions that Child is allergic to, and expected reactions.

Does your Child have any physical condition or illness that would prevent him or her from participating in this event?

No Yes (explain)

Does your Child have (or ever had) any medical condition that could require special attention? No Yes (explain)

Medical Treatment Authorization

I, the parent or legal guardian of Child, understand that I will be notified in the case of a medical emergency involving the Child. However, if I/We, cannot be reached, I/We authorize the calling of a doctor and the providing of necessary medical services in the event the Child is injured or becomes ill. I authorize any one or more of the following persons named below ("Emergency Contact(s)") participating in the church-sponsored event to make emergency medical care decisions on behalf of my Child, if required by law or a health care provider.

1) Full Name: _____ Cell Phone: _____

Email Address: _____

2) Full Name: _____ Cell Phone: _____

Email Address: _____

3) Full Name: _____ Cell Phone: _____

Email Address: _____

I, the parent or legal guardian of Child, understand that _____ (Church/District hosting AIM trip), The General Council of the Assemblies of God and its affiliated ministries, and/or any Assemblies of God church and/or District Council, and/or any Assemblies of God school, college or university (collectively "GC") and/or any of their officers, directors, employees, volunteers, and agents, shall not be responsible for medical expenses incurred on the basis

of this authorization, and I hereby agree to hold harmless, defend and indemnify _____ (Church/District hosting AIM trip), "GC", its parents, subsidiaries and affiliates, officers, directors, employees, volunteers and agents from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, pertaining to the provision of medical services for my Child. It is my express intention to defend, indemnify and hold harmless _____ (Church/District hosting AIM trip), and "GC" from all claims arising out of, or resulting from, or in any manner relating to the treatment, medical or otherwise, of my Child.

I agree to notify **the team leader** in the event of any health changes which would restrict the Child's participation in this church-sponsored event. I also understand that any _____ (Church/District hosting AIM trip) representative reserves the right to restrict the Child from any activity for any reason.

I understand and agree that if, during the Child's participation in the above-described activities, **the team leader** learns that he/she is experiencing serious health problems, has suffered an injury, or is otherwise in a situation that raises significant health and safety concerns, then **the team leader** will first attempt to contact me directly and then any Emergency Contact named above.

I understand that while the above-named Child participates in the church-sponsored event, he or she is responsible to comply with all orders and directives of any of the local church's team leaders and/or church staff in charge.

PARENTAL / LEGAL GUARDIAN GENERAL RELEASE AND ASSUMPTION OF RISK

KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MYSELF, FOR ANY CLAIMS INURING TO ME TO MY BENEFIT, AS THE PARENT OR LEGAL GUARDIAN, AND MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY CHILD'S PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY _____ (CHURCH/DISTRICT HOSTING AIM TRIP), THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, AND ITS AFFILIATED MINISTRIES, AND ANY ASSEMBLIES OF GOD CHURCH AND/OR DISTRICT COUNCIL, AND ANY ASSEMBLIES OF GOD SCHOOL, COLLEGE OR UNIVERSITY AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH MY CHILD MAY SUFFER, OR FOR WHICH MY CHILD MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY CHILD'S PARTICIPATING IN SAID ACVITITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY CHILD'S PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

I expressly agree that this Parental Consent and Medical Treatment Authorization, with its Parental / Legal Guardian General Release and Assumption of Risk, is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

Photograph & Video Release Form

I hereby grant _____ (Church/District hosting AIM trip) permission to the rights of the Child's image, likeness, and sound of their voice as recorded on audio or video tape without payment or any other consideration. I understand that the Child's image may be edited, copied, exhibited, published, or distributed, and waive

the right to inspect or approve the finished product wherein the Child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the Child's image or recording.

I agree that _____ (Church/District hosting AIM trip) may use such images of the Child with or without Child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I acknowledge that I have completely read and fully understand the Photograph & Video Release and agree to be bound thereby. I hereby release, defend, hold harmless and indemnify _____ (Church/District hosting AIM trip) from any and all claims for utilizing this material.

Insurance Election

I am aware of the hazards and risks to my child associated with the above activities. I further understand that _____ (Church/District hosting AIM trip) currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, and that I am responsible for obtaining any additional insurance coverages that I consider necessary.

Mission Assure U.S. Travel / Special Events / Camps / Short Term Travel



The General Council of the Assemblies of God is making a variety of travel insurance benefits available for you while participating in events sponsored and supervised by The General Council of the Assemblies of God or any church, and/or district council, school, seminary, college or university, or affiliated ministry of the Assemblies of God. Below is a brief overview of the travel insurance benefits being offered and contact information in the event of an emergency.

Who is eligible for coverage?

Class 1-Members of the Participating Organization engaged in a volunteer activity on or off premises, or sponsored activities off premises within the United States

What is covered?

Accidental Death & Dismemberment Benefits:

If, within 365 days of a covered accident, injury results in any one of the losses shown, the benefit amount shown opposite the loss will be paid. If multiple losses occur, only one benefit amount-the largest- will be paid for all losses due to the same accident.

Principal Sum
Class 1- \$10,000

Additional Accident Benefits:

Coma- 1% of Principal Sum per month up to 11 months and thereafter in a lump sum of 100% of the Principal Sum.

Covered Loss	Benefit Amount
Life, Two or more members, Loss of use of Four Limbs	100% of the Principal Sum
Loss of use of Three Limbs	75% of the principal sum
Loss of use of Two Limbs	67% of the Principal Sum
One Member / Loss of use of One Limb	50% of the Principal Sum
Thumb and Index finger of Same Hand	25% of the Principal Sum

Accident Medical Expense Benefits:

If, within 60 days of a covered accident, injury results, we will pay up to your selected benefit maximum for covered expenses. Applies only if you are traveling inside your home country.

Class 1- \$25,000

Sickness Expense Benefits:

We will pay up to your selected benefit maximum for medically necessary expenses incurred for hospital and medical care, treatment or services within 90 days of a covered sickness. Class 1- \$2,500

We will pay benefits for covered expenses incurred within the Benefit Period as the result of Sickness when the covered person is participating in scheduled, supervised, and sponsored activities by you, including direct travel to and from such covered activities.

Additional Benefits**Benefit Maximums**

Family Reunion	\$2,500
Emergency Medical Benefits	\$10,000
Emergency Medical Evacuation	100% of covered expenses
Reparation of Remains	100% of covered expenses
Aggregate Limit	\$1,000,000 Per Covered Accident

We will not pay benefits for any loss or injury that is caused by, or results from:

- Intentionally self-inflicted injury, while sane, (Applicable to Accidental Death and Dismemberment Benefit only)
- Suicide or attempted suicide, (Applicable to Accidental Death and Dismemberment Benefit only)
- War or any act of war, whether declared or not,
- A covered accident that occurs while on active duty service in the military, naval, or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- Sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food,
- Piloting or serving as a crewmember in any aircraft (except as provided by this proposal),
- Commission of, or attempt to commit, a felony,
- Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations, or prescriptions for them, • Travel or activity outside the United States,
- Riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline,
- Commission of or active participation in a riot or insurrection,
- Injury paid by Workers' Compensation, Employer's Liability Laws, or similar occupational benefits,
- Injury or loss contributed to the use of any drugs or narcotic, except as prescribed by a doctor.

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We will not pay Sickness Benefits for any loss, treatment, services or supplies resulting from, or contributed to by:

- Immunizations, services and supplies related to immunizations,
- Acupuncture, allergy, including allergy testing, or alopecia,
- Non-malignant warts, moles, lesions or acne,
- Care of corns and bunions,
- Sickness for which benefits are paid or payable under any workers' compensation or occupational disease law or act, or similar legislation,
- Submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis,
- Eyeglasses, contact lenses, hearing aids, or prescriptions or examinations therefore radial keratotomy/Lasik surgery is not covered,
- Voluntary or elective abortion,
- Congenital birth defects,
- Elective treatment or elective surgery
- Routine physical examinations and dental care.

In addition to the general exclusions, we will not pay Accident Medical Expense Benefits for any loss, treatment, or services resulting from or contributed to by:

- Treatment by persons you employ or retain or by any immediate family member or member of the covered person's household.
- Treatment of sickness, disease, or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
- Treatment of hernia, Osgood Schlatter disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in this proposal), whether or not caused by a covered accident.
- Pregnancy, childbirth, miscarriage, abortion, or any complications of any of these conditions.
- Mental and nervous disorders (except as provided in this proposal).
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment (except as specifically covered by this proposal).
- Expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by this proposal).
- Injury covered by workers' compensation, employers' liability laws, or similar occupational benefits or while engaging in activity for monetary gain from sources other than you.
- Injury or loss contributed to using drugs unless administered by a doctor.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Important Notice

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies issued in the state in which the policy was delivered. Complete details may be found in the policies on file at AG Financial's office. Insurance Benefits are underwritten by ACE American Insurance Company. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms may be different if required by state law. Please keep this information as a reference.

I understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

I attest to the truthfulness, accuracy, and validity of the foregoing statements.

Minor's Name (printed): _____

Parent's / Legal Guardian's Signature

Date signed