Parental Consent Form

Peace and Hope Frontier Mission is unable to host minors in Nicaragua without a parent present and active on the project in country

(To be completed and signed in the presence of a Notary Public by the Parents/Legal Guardian of any Minor Child who wishes to volunteer with Peace and Hope Frontier Mission on a short-term volunteer trip to Nicaragua and to be signed in the presence of a Notary Public by the proposed Trip Sponsor/Guardian)

I (we), the undersigned, being the parent or legal guardian of _____ age _____ (years),

(First) (Middle) (Last)

do hereby consent to my child's participation in the Nicaragua Volunteer Trip scheduled for_____,

(Trip Dates)

including, but not limited to, all the activities customarily associated with a Peace and Hope Frontier Mission, Inc. trip. I am aware of the hazards and risks associated with such a trip, including, but not limited to, death or injury by accident, disease, weather conditions, limited medical services and supplies, criminal activity and random acts of violence. I acknowledge that I am allowing my child to participate entirely upon my own initiative, risk and responsibility, and I voluntarily assume all risks of death, injury, illness and damage to my child associated with the above described risks, as well as any damage to his or her personal property.

I am aware that this trip will be supervised and conducted by Peace and Hope Frontier Mission, Inc. administrators and staff. I am in agreement with and support all organization rules as announced and printed in the organization's Volunteer/Intern Handbook.

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I hereby give permission to Peace and Hope Frontier Mission, Inc. staff or Sponsor/Guardian to secure the appropriate treatment for my child. I further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision, for my child, should the same become necessary because of illness or injury.

Now therefore, in consideration of the permission extended to my child to accompany the volunteer team and participate in the trip to Nicaragua with Peace and Hope Frontier Mission, Inc., I do hereby for myself, my child, and my heirs, executors, and administrators, remise, release and forever discharge the team leader(s) of Peace and Hope Frontier Mission, Inc., its officers and members, as well as all other participants and sponsors/guardians of said volunteer trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind which may occur during the trip.

It is my intention by this document to consent to my child's participation in the trip, to consent to allow the stated Sponsor/Guardian to act in loco parentis for the duration of the trip, and to waive and forego all right of action by myself and my child against the parties herein before named.

_____ _____

Signature of Parent /Guardian Signature of additional Parent/Guardian (if applicable or available)

_____

Signature of Trip Guardian/Trip Sponsor acting in loco parentis

Notarization of Parental Consent Form

STATE OF _____ PARISH OR COUNTY OF _____

On this _____ day of _____, _____ (year), before me personally appeared

_____, _____, _____

To me known to be the same person(s) described in and who executed the above agreement and who acknowledged to me that he/she executed the same for the purpose therein stated.

NOTARY PUBLIC