



CONSENT FOR MEDICAL TREATMENT & RELEASE AND HOLD HARMLESS AGREEMENT

In the time period from _____ to _____ I/we as the parents/guardians/adult missionary hereby authorize the staff and leadership of Awe Star Ministries, Inc., also known as Awe Star Missions, to consent to and authorize the administration of any and all reasonable first-aid, medication, hospitalization, and/or surgical procedure/operation, that, in the opinion of staff and leadership Awe Star Ministries, Inc., also known as Awe Star Missions, becomes necessary to save or maintain the life, health, or well-being of my/our child or myself. I/we agree to and shall hold harmless from any liability the staff, leadership, and organization of Awe Star Ministries, Inc., also known as Awe Star Missions, for any such determination and authorization given by them, after full disclosure by trained medical personnel. In the event of the inability or refusal of the staff or leadership of Awe Star Ministries, Inc., also known as Awe Star Missions, to give any such consent or authorization, I/we hereby authorize any paramedic, emergency medical technician, doctor, or nurse to take any reasonable action, and to administer any and all reasonable first-aid, medication, hospitalization, and/or surgical procedure/operation in which their professional opinion deems it necessary to save or maintain the life, health, or well-being of my/our child or myself.

By signing below, I acknowledge and approve of the above statement.

Minor Printed Name: _____ Minor Signature: _____ Date signed: _____

Parent/Guardian/Adult Missionary Printed Name: _____

Parent/Guardian/Adult Missionary Signature: _____ Date signed: _____

RELEASE AND HOLD HARMLESS

In the time period from _____ to _____ I/we as the parents/guardians/adult missionary hereby release, indemnify, hold harmless, and defend Awe Star Ministries Inc., also known as Awe Star Missions and its agents, officers, sponsors, and employees from any and all liability, claims, demands, actions, and causes of action whatsoever, by me or my family, estate, heir or assigns, arising out of or relating to any loss or damage to my property, as well as loss, damage, or injury, including death to my/our child or myself, as may be sustained while participating with Awe Star Ministries, Inc., also known as Awe Star Missions.

Being duly aware of the risks and hazards inherent upon participating in an event and/or going on a mission trip with Awe Star Ministries, Inc., also known as Awe Star Missions, and/or in the counseling in connection therewith, I/we hereby voluntarily assume all risks of loss or damage to my property, as well as all risks of loss, damage, or injury, including death to my/our child or myself, as may be sustained with participating with Awe Star Ministries, Inc., also known as Awe Star Missions.

I/we agree to release, indemnify, hold harmless, and defend Awe Star Ministries, Inc., also known as Awe Star Missions from any claim by me or my family, estate, heir or assigns arising out of my declining the Center for Disease Control’s (CDC) recommended immunizations.

By signing below, I acknowledge and approve of the above statement.

Minor Printed Name: _____ Minor Signature: _____ Date signed: _____

Parent/Guardian/Adult Missionary Printed Name: _____

Parent/Guardian/Adult Missionary Signature: _____ Date signed: _____



PARENTAL AUTHORIZATION FOR CONSENT FOR MEDICAL TREATMENT & RELEASE AND HOLD HARMLESS AGREEMENT

To be completed for EVERYONE under the age of 18

THIS FORM MUST BE NOTARIZED!

Missionary Full Name: _____ **Date of Birth:** __/__/____

This release shall be binding upon the distributes, heirs, next of kin, executors, and administrators of my/our child and myself. In signing the preceding consent and release, I/we hereby acknowledge and represent:

- a) That I/we have ready the preceding consent and release, understand it, and have voluntarily signed.
- b) That I/we am/are over the age of 18 and am/are of sound mind.
- c) That I/we have had the opportunity to consult with legal counsel regarding the effect of the preceding consent and release, and this authorization, should I/we so desire.

DO NOT SIGN THIS IF YOU DO NOT UNDERSTAND OR AGREE WITH ITS TERMS OR THE TERMS OF THE PRECEDING CONSENT AND RELEASE.

****If both parents share legal custody of the minor missionary, both parents' signatures are required.**

****If only one parent possesses legal custody of the minor missionary, the signature of that parent is required, as well as a notarized copy of a legal document evidencing the custody arrangement/agreement, or a notarized copy of a death certificate for a deceased parent.**

****If you are the legal guardian(s) of the minor missionary, a signature is required, as well as a notarized copy of the legal document evidencing the legal guardianship.**

THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Printed Name _____ Signature _____ Date signed: __/__/____

Printed Name _____ Signature _____ Date signed: __/__/____

FOR NOTARY USE:

State of _____, County of _____.

Signed or attested before on the _____ day of _____, 20.

Notary Public _____ Commission expiration: __/____/____