



MINOR FORM  
15-17 Years Old  
NO PARENT ON TRIP

DUE DATE: \_\_\_\_\_ (All information to be kept in separate, confidential file)

Dates of Trip: \_\_\_\_\_ Nicaragua or Haiti \_\_\_\_\_

Team Leader: \_\_\_\_\_ Body Weight for MFI (Haiti Trip) \_\_\_\_\_

Name: (as it appears on passport) \_\_\_\_\_

Name: (for name tag purposes) \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Traveler's E-Mail: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this your first trip with Project H.O.P.E.? Yes No

Allergies (food, medicine, etc.): \_\_\_\_\_

Medication (name, dosage, times, etc.): \_\_\_\_\_

\_\_\_\_\_

Physical limitations or other medical information that would be helpful: \_\_\_\_\_

\_\_\_\_\_

(Use back for additional information)

**Primary Medical Insurance**

Insurance company: \_\_\_\_\_

Policy or ID number: \_\_\_\_\_

Name of primary insured: \_\_\_\_\_

Insurance contact number(s): \_\_\_\_\_

# PROJECT H.O.P.E., INC.

## Mission Trip Acknowledgment, Assumption, Waiver and Release

### For Minor

Please read the following agreement and waiver carefully. It includes a full release of liability and waiver of legal rights, and deprives you of the ability to sue certain parties. By executing this document you acknowledge that you have both read and understood all the provisions of this document.

I, the undersigned, wish for minor child to participate in a short-term mission project in the following country conducted under the auspices of Project H.O.P.E., Inc., to-wit:

Nicaragua

Haiti

Other: (please specify) \_\_\_\_\_

That I am the parent(s) or legal guardian of a minor child and by signing this form, I acknowledge, assume and agree as follows, individually, collectively and on behalf of the minor child, as follows:

(1) travel to, from and in the country selected above involves hazards not customarily encountered when traveling in the United States of America. That the above countries are under Travel Advisories from the U.S. Department of State due to crime, civil unrest, limited healthcare availability, arbitrary enforcement of laws, and other significant risks both known and unknown (2) Medical facilities in the country listed above are substandard and that should a medical emergency develop during my trip, it is unlikely that I will receive medical care in the country listed above equivalent to that available in the United States of America. (3) Working conditions in the country listed above are often inferior to conditions in the United States of America. (4) Project H.O.P.E., Inc. does not carry insurance to insure against any of the risks the minor child may encounter in the country listed above, or traveling to or from said country. (5) Project H.O.P.E., Inc. does not have the ability to remove the minor child from this country in the event of civil unrest or natural or manmade disaster.

Given the risks on mission trips, Project H.O.P.E., Inc. reserves the right to cancel or change itineraries, or substitute services without notice.

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I/We understand, on behalf of the minor child, that I/We are solely responsible for and assume any and all risk for any and all sums paid to any commercial airline for airline tickets, baggage, or other costs and expenses in connection with this mission trip. I/We are solely and individually responsible to deal with any commercial airline with regard to any and all issues, events or problems associated with said airline tickets, baggage, or other costs and expenses. I/We acknowledge and agree that Project H.O.P.E., Inc. will not assist me/us with any issues, events or problems associated with said airline tickets, baggage or other costs and expenses in connection with this mission trip.

Despite all of the foregoing, it is my desire for the minor child to participate in the mission trip in the country selected above, and I/We knowingly assume the risks that are involved for the minor child and release Project H.O.P.E., Inc., its officers, directors, employees and agents, and any and all persons or entities acting on their behalf, directly or indirectly, from any liability for injury, illnesses, losses, death, damage, or harm, causes of action or claims which may occur to the minor child or property while traveling in connection with this short term mission trip or otherwise participating in this short term mission trip. I/We state that I/We are the parent or guardian and have legal authority to and do so and do hereby do so on behalf of the minor child. The Minor(s) name and ages are as follows:

Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent                      or                       Legal Guardian

I/We as the parent(s)/guardian(s) of the minor child that this Acknowledgment, Assumption, and Release is binding on me/us, the minor child, his/her and my/our executor(s), administrator(s), and heir(s).

I/We give Project H.O.P.E., Inc. and its representative(s) with the minor child on any such trip authority to request and authorize medical and/or hospital treatment for the minor child's benefit in the event of any injury or sickness sustained by the minor child while on such ministry activity, including, without limitation, while traveling to and from any foreign country. I/We agree to pay for all such treatment and to reimburse Project H.O.P.E., Inc. for all costs and expenses incurred by it with respect to such treatment.

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The Parent(s) and/or Guardian(s) hereby also agree that the laws of the State of Missouri and the jurisdiction of the courts of the Circuit Court of Greene County, Missouri will govern this waiver and any claims or actions that arise from it and from the activities of the MINOR herein.

**THE PARENT(S) OR GUARDIAN(S) HAVE READ AND VOLUNTARILY SIGN THE WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND DO SO VOLUNTARILY AND WITH THE FULL UNDERSTANDING THAT SUBSTANTIAL RIGHTS ARE BEING GIVEN UP. I/WE FURTHER ACKNOWLEDGE THAT FAILURE TO WITNESS OR NOTARIZE THIS AGREEMENT SHALL NOT AFFECT IT'S VALIDITY.**

\_\_\_\_\_ Dated: \_\_\_\_\_  
Parent or Guardian  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

\_\_\_\_\_ Dated: \_\_\_\_\_  
Parent or Guardian  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

STATE OF \_\_\_\_\_ )ss  
COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the person(s) described in and who executed the foregoing Power of Attorney, and acknowledged that (he/she/they) executed the same as (his/her/their) free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public