



**NICA- MINOR FORM
15-17 Years Old
NO PARENT ON TRIP**

All forms need to be submitted 30 days before trip date. (All information to be kept in separate, confidential file)

Dates of Trip: _____ Is this your first trip with Project H.O.P.E.? Yes No

Team Name: _____

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: _____

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): _____

International Insurance

For your convenience, Project H.O.P.E., Inc. will secure international insurance for you on your upcoming project. The cost of the insurance is included in the price of your trip. The coverage amounts to \$500,000 maximum benefit with a \$100 deductible. (Detailed information about the policy can be found on our website at www.pjhope.org).

Please provide the following information:

Age at time of trip: _____ Insurance effective: (trip dates) _____ to _____
mm/dd/yy mm/dd/yy

Mission Trip Acknowledgement, Assumption, Waiver and Release

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 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) _____

By signing this form, I acknowledge, assume and agree 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.

A. **Coronavirus disease (COVID-19) and other infectious diseases.** *There is a significant risk to you of exposure to the Coronavirus disease (COVID-19) which would result in infection, serious illness, days and/or weeks of quarantine and possible death. The World Health Organization (W.H.O.) has now declared that Coronavirus disease (COVID-19 is now a global "Pandemic"). The designation of Pandemic is not a word to take lightly or carelessly by the traveler, and is not taken lightly by Project H.O.P.E., Inc. Project H.O.P.E., Inc. is not able to assist you in any way should you contract Coronavirus disease (COVID-19) and/or any other infectious disease when traveling and you are doing so at your own risk.*

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(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 I 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 me or my family 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.

I understand that I am 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 am 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 acknowledge and agree that Project H.O.P.E., Inc. will not assist me 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 to participate in the mission trip in the country selected above, and I knowingly assume the risks that are involved 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 my person or property while traveling in connection with this short term mission trip or otherwise participating in this short term mission trip. In the event that I am traveling with a family member who is under the age of eighteen (18) years, I state that I am the parent or guardian and have legal authority to and do on behalf of that minor, knowingly assume on behalf the minor, the risks that are involved 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, illness, disease, Coronavirus (COVID-19), losses, death, damage, or harm, causes of action or claims which may occur to said minor or property while traveling in connection with this project or otherwise participating in this project. The Minor(s) name and ages are as follows:

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

I affirm that I am eighteen (18) years of age or older, or the parent/guardian of the participant if under eighteen years of age, and that this Acknowledgment, Assumption, and Release is binding on me and my executor, administrators, and heirs. I give Project H.O.P.E., INC. and its representative(s) with me on any such trip authority to request and authorize medical and/or hospital treatment for my benefit in the event of any injury or sickness sustained by me while on such ministry activity, including, without limitation, while traveling to and from any foreign country. I 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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By entering my name below, I assert that I have reviewed, fully understand and agree to all of the waivers, releases and agreements.

Signature _____ Date: _____

Print Name: _____

Signature: _____
(Parent/guardian must sign, if under 18)

For the Notary to fill in. Please do not sign your form until you are in front of the Notary.

State of _____ County of _____

This ___ day of _____, 20___, before me, the undersigned notary public, personally appeared _____, known to me to be the person who executed this document as his/her free act and deed.

Notary Public _____

My Commission expires: _____

TEMPORARY DELEGATION OF POWER OF ATTORNEY
PURSUANT TO SECTION 475.024 RSMo.

Know All Men By These Presents:

That (I/We), _____ of _____ County, _____
(State) have made, this power of attorney and have constituted and appointed, and by these
presents do make, constitute and appoint the following person(s)

our true and lawful attorney's in facts, for (me/us), and in our names, and on our behalf to care
for our minor child or children as follows:

Childs Name	Age
_____	_____
_____	_____

for a period of time of the short term mission trip with Project H.O.P.E., Inc. to and from (___)
the country of Nicaragua or (___) the country of Haiti, but not exceeding one (1) year from the
date hereof, whichever is less, and for these purposes to consent to any such medical and
surgical care as our above minor child(ren) may need and to exercise parental authority over
them and provide for their care, safety, health, and welfare. With the same powers, and to all
intents and purposes, and with the same validity as (I/we) could, if personally present, giving
and granting upon our said attorney(s), and hereby (I/we) ratify and confirm whatsoever said
attorneys shall and may do, by virtue hereof, in the premises.

This Power of Attorney may be voluntarily revoked at any time, in writing signed by the Parent.

Witness our hands and seals as of _____, 20__.

X _____ Parent (print) _____

X _____ Parent (print) _____

For the Notary to fill in. Please do not sign your form until you are in front of the Notary.

State of _____ County of _____

This ___ day of _____, 20__, before me, the undersigned notary public, personally
appeared _____, known to me to be the person who executed
this document as his/her free act and deed.

Notary Public _____

My Commission expires: _____