



# Parental Consent Form

*Required for team members under 18 years of age*

We, \_\_\_\_\_ the parents/guardians of  
Parent or guardian  
\_\_\_\_\_, give our child, a minor of  
Name of child

\_\_\_\_\_ permission to accompany a mission team from \_\_\_\_\_  
Address City State Zip Code Team/church/organization name  
to \_\_\_\_\_, Bahamas and participate as a member of the group.  
Island/location

We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk and responsibility. We 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 our child, should the same become necessary because of illness or injury.

Now therefore, in consideration of the permission extended to our child to accompany the mission team and participate in the mission trip, we do hereby for ourselves, our child, our heirs, executors and administrators, remise, release, and forever discharge the staff and volunteers of Methodist Habitat, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip as well as all ground and flight travel incident to such trip.

It is our intention by this document to consent to our child's participation in the mission trip, to consent to allow the team leaders \_\_\_\_\_ and/or  
Name of team leader (1)  
\_\_\_\_\_, to act in loco parentis for the duration  
Name of team leader (2)  
of the mission trip; and to waive and forego all right of action of ourselves and our child against the parties herein before named.

Executed in the presence of:	
_____ Notary Public	_____ Parent/Guardian
(Seal)	_____ Address
State of _____	_____ Date
County of _____	