

Consent for Medical Treatment & Release and Hold Harmless Agreement

Whereas _____ (my child/I) wish/es to participate in a short-term mission trip conducted by Citipointe Church in Loveland, Colorado, and Youth With a Mission Mazatlán (YWAM Mazatlán) in Mexico, travelling to and staying in the country of **Mexico**; and, whereas unforeseen circumstances and situation may occur resulting in my child or myself needing medical or dental care and treatment, and further recognizing that I, the undersigned parent or guardian, may not be able to give my personal consent at the time of required treatment or care for my child or myself as may be determined by medical professionals practicing in the above country, I do hereby give my permission, consent and authority to the Citipointe Church or YWAM Mazatlán personnel to act in my behalf with the same force and effect that I would have had I personally given the consent.

I further understand that Citipointe Church will provide Voluntary Medical Travel Insurance for my child/me for a duration beginning the date of departure from, through the date of return to the United States of America, for the forementioned short term mission trip.

By signing this document below, I do hereby release and hold harmless Citipointe Church and YWAM Mazatlán or any person acting on the behalf of Citipointe Church or YWAM Mazatlán from what may be deemed as any negligent acts or omissions in connection with my child/me participating in a short-term mission trip. I further indemnify Citipointe Church and YWAM Mazatlán, and their volunteers, trustees, agents, board, and employees from financial responsibility and/or personal liability resulting from my voluntary participation in a short-term mission trip conducted by Citipointe Church and YWAM Mazatlán. I hereby give my permission to use photographs of my child/self in Citipointe Church or YWAM Mazatlán ministry publications. I further certify that my child/I have a personal health policy in force with

(company) _____

Policy # _____

which covers my child/me with no territorial limitation, including foreign countries outside of the USA, that will provide coverage for my child.me during the duration of the aforementioned short-term mission trip, including accidental death and dismemberment (AD&D) coverage.

Father's Signature: _____

Mother's Signature: _____

Guardian's Signature: _____

Applicants Signature: _____

Social security number of Applicant: _____ - _____ - _____

Sign with notary (continued on back)

Notary:

Sworn to me this _____ day of _____, 20_____.

Signed _____ (Seal)

Notary Public in for county of _____

State of _____

My commission expires _____