



ASSUMPTION OF RISK

PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION

This form is to be completed by parents or legal guardians of minor children (under the age of 18 on the trip departure date) are required to complete this form. **Minors must submit the completed Parental Consent, Certification, and Medical Authorization form, which must be completed by their authorized parent or legal guardian and notarized.** THIS FORM IS NOT VALID IF COMPLETED BY A MINOR OR IF NOT NOTARIZED. THIS FORM MUST BE COMPLETED BY THE PARENT(S) OR LEGAL GUARDIAN(S) OF THE CHILD LISTED BELOW. SUBMISSION OF THIS FORM TO ONEHOPE AND/OR ONEHOPE TEAMS CONSTITUTES A CLAIM THAT THE SIGNOR(S) ARE AUTHORIZED REPRESENTATIVE(S) FOR THE DESIGNATED CHILD.

PART 1—General Information (please print)

Child's Name _____ Date of Birth _____ Gender _____ Age _____

Daytime Phone Number _____ Child's Address _____

Evening Phone Number _____

Father's Name _____ Family Doctor _____

Mother's Name _____ Doctor's Phone Number _____

In case of an emergency, notify _____

Name and Phone Number

Relationship

Insurance Company Covering Child (if applicable) _____

Policy Number _____

PART 2—Consent, Certification, and Assumption of Risk

1. _____ I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the child's participation in an overseas outreach with OneHope, Inc. (ONEHOPE) and OneHope Teams to (list country) _____. This consent includes, but is not limited to, the child's participation in all activities customarily associated with an OneHope trip. I am aware of the hazards and risks associated with such a trip including, but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence.

Further, I certify that the child is physically and mentally fit and adequately trained to participate in such an outreach. I have contacted either our public health department or a travel clinic, and our local physician regarding vaccinations, immunizations, and other precautions for the prevention of disease. I certify that the child has followed, and is following, all procedures (shots, serums, medications, etc.) recommended by our local physician and the above agencies. If my child is not physically fit to participate in rigorous activity, I have noted such below in the Medical Questionnaire. I understand that in the case just mentioned, OneHope Teams requires a written release from my physician authorizing the designated child to participate in this activity.

2. I understand that while the designated child participates on an OneHope team, he or she is responsible to comply with all orders and directives of the appointed team leader and/or the missionary in charge of the project. I understand that refusal by the designated child to comply with these orders and directives may result in him/her being sent home at my/our expense (including the expense of an accompanying adult chaperone).

3. I am aware of the hazards and risks to my child and his or her property associated with serving in a missions capacity; such hazards and risks including, but not being limited to: death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my child's assignment with full awareness of these risks, and, subject to the insurance coverage described below, I voluntarily assume all risks of death, injury, illness, and damage to my child associated with

such risks, and any damage to his or her personal property. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28).

4. Subject to insurance coverage described below, I waive and release any and all claims for damages which I, or my heirs or successors, may have against ONEHOPE, the local church sponsoring the OneHope trip, or any agent or employee of any such organization, arising from my child's death, injury, illness, or any property damage or loss occurring during the term of his or her assignment, or as a result of his or her assignment.
5. Subject to the insurance coverage described below, I do hereby assume all risks of death, illness, or injury that my child may suffer as a result of said assignment, from those causes described above. I understand the terms of the insurance coverage being provided for my child, and I understand that if I desire additional coverage for my child, it is my responsibility to purchase additional coverage.
6. I understand and accept the following policy of ONEHOPE regarding ransom payments and understand that this is the policy of ONEHOPE and all affiliated agencies:
7. I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

ONEHOPE has determined that it will not pay ransom nor yield to the demands of anyone who takes one of our missionary family or staff hostage. ONEHOPE pledges itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage should it ever occur. This policy was made after sufficient study of the policies of other evangelical missionary societies and after considering the advice of the United States State Department.

8. I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

PART 3—Insurance

I am aware of the hazards and risks to the child associated with serving in a missions capacity, as described above. I further understand that ONEHOPE currently requires the insurance coverage summarized below and is providing such coverage on my behalf for the duration of my ministry through Brotherhood Mutual's *Passport to Ministry* group policy. I accept this coverage provided on my behalf by ONEHOPE. I understand that I am not covered during any divergences in itinerary that I willingly make, to include, but not limited to, unnecessary stopovers made in transit. I also understand that the coverage (as detailed below) is supplemental to insurance coverage I already have, and that I am responsible for obtaining any additional insurance coverage that I consider necessary for my child. I understand that additional insurance details will be forthcoming prior to my trip.

Brotherhood Mutual Passport to Ministry Insurance Coverage:

- \$1,000,000 Foreign Liability Insurance
- \$1,000,000 Foreign Contingent Auto Liability Coverage
- \$1,000,000 Employer's Liability Coverage
- Foreign Voluntary Compensation Coverage
- Accidental Medical and Sickness Coverage (\$50,000 per person limit)
- Accidental Death and Dismemberment Coverage (\$50,000 per person limit)
- \$250,000 (per policy year) Medical Assistance Protection

Part 4—Photography Release

I, (name, please print) _____, give ONEHOPE the irrevocable and unrestricted right and permission to use my child's photograph in its publications, electronic reproductions (web sites) and/or promotional materials or any other purpose and in any manner or medium. I release ONEHOPE, the photographer, their offices, employees, and designees from liability for any violation of any personal or proprietary right I or my child may have in connection with such use.

Signature of Parent/Guardian _____ Date _____

PART 5—Medical Treatment Authorization

I understand that ONEHOPE or an agent authorized by ONEHOPE will attempt to notify me in the case of a medical emergency involving my child.

However, in the event that I cannot be reached, I authorize ONEHOPE or an agent they authorize to contact medical personnel and to provide the necessary medical services in the event my child is injured or becomes ill. I authorize the Director or properly appointed staff member of ONEHOPE to make emergency medical care decisions on behalf of my child, if required by law or a health care provider.

I agree to notify the ONEHOPE office in the event of any health changes that would restrict my child's participation on an OneHope trip. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they believe to be beyond the physical capabilities of my child.

I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I, AS AN AUTHORIZED AGENT OF THE DESIGNATED CHILD, VOLUNTARILY SIGN THIS RELEASE FOR MY CHILD AS MY OWN FREE ACT.**

(Signature of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

(Date)

STATE OF _____

COUNTY OF _____

*On this _____ day of _____, 20_____, before me, _____, a
Notary Public in and for said state personally appeared _____, known to me to be
the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposed therein
stated.*

SIGNATURE: _____

MY COMMISSION EXPIRES: _____

Part 6—Health Information (please fill out on behalf of your child):

- What is your child's current weight? _____ Height? _____ Blood Type? _____
- Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes ___ No ___ If yes, please explain: _____
- Is your child allergic to any type of medication? Yes ___ No ___
If yes, please explain: _____
- Does your child require a special diet? Yes ___ No ___
If yes, please explain: _____
- Does your child have any allergies other than medical? Yes ___ No ___
If yes, please explain: _____
- Does your child suffer from a serious illness, had surgery performed, or been hospitalized?
Yes ___ No ___ If yes, please explain: _____
- Has your child ever been treated for (or is now suffering from) emotional difficulties? Yes ___ No ___
If yes, please explain: _____

• Does your child have a communicable disease? Yes ___ No ___

• Does your child ever sleep walk? Yes ___ No ___

If yes, please explain: _____

• Can your child swim? Yes ___ No ___

If no, please explain: _____

• Does your child have any physical condition or illness that would prevent him/her from participating in rigorous activity? Yes ___ No ___

If yes, please explain: _____

Note: If yes, a written release must be submitted from your physician authorizing your child to participate in this outreach.

IMMUNIZATIONS:

For our information please indicate date of most recent immunization, if known.

Poliomyelitis _____ Diphtheria _____ Hepatitis A _____ Hepatitis B _____

Measles/Mumps/Rubella _____ Tetanus _____ Malaria _____ Other _____

Physician's Name: _____ Office Phone (____) _____

Signature _____	Date _____	Initial _____
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