

A Ministry of the Evangelical Free Church of America (EFCA)
Conditions of Participation
Assumption of Risk and General Release Agreement for a Minor

- *Complete the blank lines found in the first paragraph of this form*
- *Print the completed form before signing page 3 in front of one witness of your choosing **OR** in front of a notary.*
- *Provide your Child's team leader with this completed form with required signatures– must be original form, no photocopies.*

1. Parental Consent. I, _____, the undersigned, being the parent or legal guardian of _____, my child (hereafter “**my Child**”) do hereby enter into this Conditions of Participation, Assumption of Risk and General Release Agreement for a Minor (“**Agreement**”) for the purpose of authorizing my Child’s participation in in a short-term mission trip, sponsored, organized, and operated by ReachGlobal, a ministry of the Evangelical Free Church of America, to _____ on or about _____, 20____ to _____, 20____, to serve with the ReachGlobal team serving there, and includes, but not is limited to, travel, team training, construction, outreach ministry, sightseeing, sports, recreation, and other similar activities customarily associated with ReachGlobal team Mission Service (hereafter, collectively referred to as “Mission Service”). I acknowledge that this is a voluntary activity for which I freely give my permission for my Child’s participation.

2. Risks of Missionary Activities. I am aware of the hazards and risks associated with my Child serving in a missions capacity, such hazards and risks include, without limitation, injury; accidents; disease; inadequate medical services and supplies; criminal acts (including terrorism); natural disasters; weather conditions; government action; the risks of traveling to or from my mission destination; death; damages to personal property; and other undefined harm or damage which may not be readily foreseeable, and other present unknown risks and dangers (collectively, “**Risks**”). I recognize that the Risks have always been associated with Mission Service and cannot be eliminated.

3. Assumption of Risks, Release and Hold Harmless. In consideration for the privilege of my Child’s participation in Mission Service, I freely and voluntarily, and with full awareness, assume the Risks as my Child’s parent or legal guardian. I understand that ReachGlobal and the EFCA are not responsible for matters beyond their control and that they cannot warrant the safety or convenience of the circumstances under which my Child will be living or working.

I promise and hereby agree to waive, release, absolve, and covenant not to sue ReachGlobal; and the EFCA; and all of their respective officers, employees, volunteers, and agents (collectively, “**Releasees**”), for any and all claims, including claims for equitable or injunctive relief, damages, loss or injury of any kind resulting from or in any way arising directly or indirectly out of my Child’s participation in Mission Service.

I further promise and agree to indemnify, defend and hold harmless the Releasees from and against all liability, claims and expense, including reasonable attorneys’ fees and costs, in connection with any and all claims whatsoever for personal or bodily injury or death, including loss of use, or property damage of any kind and character in connection with and arising directly or indirectly out of my Child’s participation in Mission Service, except for claims resulting from or arising out of ReachGlobal or the EFCA’s sole negligence. This indemnity agreement encompasses all damages and claims, including claims for equitable or injunctive relief, arising out of my Child’s participation in Mission Service.

4. Standards of Conduct. I understand that while my Child participates in Mission Service, my Child must conduct himself or herself in a manner compatible with local laws and regulations; with all of ReachGlobal's and the EFCA's policies and guidance; and the orders and directives of my Child's Mission Service team leaders. I further understand that my Child must refrain from conduct that is improper, offensive, disruptive, or otherwise inappropriate for the Mission Service, or that is potentially detrimental to my Child's or others' health or safety, or potentially detrimental to ReachGlobal or the EFCA. I understand and affirm that ReachGlobal and the EFCA have may terminate my Child's participation in the Mission Service at any time and for any reason, including violations of this paragraph. I further understand that if my Child's participation is terminated, I will not receive any refunds, and I will be responsible for arraigning and paying all costs associated with my Child's termination, including without limitation, travel costs.

5. Health Status; Medical Care; Other Emergencies. I certify that my Child is physically fit and adequately prepared to participate in Mission Service. I agree that it is my responsibility to determine whether my Child is sufficiently fit and healthy enough to participate in the Mission Service. I understand that I am responsible for notifying ReachGlobal of any health issues or diagnoses that restrict my Child's ability to participate in Mission Service. I further understand that I am responsible for obtaining any required vaccinations and immunizations for my Child.

I understand that ReachGlobal and the EFCA require me to maintain medical insurance for my Child throughout his or her Mission Service. I further understand that I am solely responsible for paying for all medical care received by my Child.

I understand that I will be notified in the case of a medical emergency involving my Child. However, in the event that I cannot be reached, I authorize the providing of necessary medical services in the event my Child is injured or becomes ill. I further authorize agents of ReachGlobal or the EFCA to make emergency medical care decisions on behalf of my Child, if required by law or a health care provider. I agree to hold harmless and indemnify ReachGlobal and the EFCA for any and all actions taken by ReachGlobal and the EFCA to obtain or provide emergency medical care for my Child.

6. Photograph & Video Release. I hereby grant ReachGlobal and the EFCA permission to use my Child's image, likeness, and sound of my voice as recorded on audio or videotape without payment or any other consideration for any lawful purpose. I understand that my Child's image may be edited, copied, exhibited, published, or distributed, and I expressly waive the right to inspect or approve the finished product wherein my Child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to using my Child's image or recording. There is no time limit on this photographic and video release's validity or any geographic limitations. By checking this box, I wish NOT to have my child's photo used for ministry purposes.

7. General Provisions. I agree that should any provision or aspect of this Agreement be found to be unenforceable, all remaining provisions hereof shall remain in full force and effect.

I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this Agreement shall be governed by the laws of the State of Minnesota (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to this Agreement.

I, the undersigned parent and/or legal guardian, affirm that I am freely signing this Agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to myself or my Child. I further attest to the truthfulness, accuracy, and validity of the foregoing statements under penalty of perjury under the laws of the State of _____.

Legal signature of team member's parent or legal guardian: _____

Date: _____

Printed Parent/Guardian Name: _____

Printed Child Name: _____

Witness Signature: _____

Date: _____

Printed Witness Name: _____

OR

AUTHORIZATION OF NOTARY PUBLIC

STATE OF:

COUNTY OF:

On _____, of 20____, before me, _____, a Notary Public in and for said county, 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 purposes therein stated.

Legal signature of team member's parent or legal guardian: _____

Date: _____

Printed Parent/Guardian Name: _____

Notary Public Signature:

My commission expires:

Affix Stamp Here: