



## Parental Consent form for Minors

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Parents and legal guardians of minor children (under the age of 18 on the trip departure date) are required to complete this form and return it to Horizon International Inc.

*THIS FORM IS NOT VALID IF COMPLETED BY A MINOR. THIS FORM MUST BE COMPLETED BY THE PARENT(S) OR LEGAL GUARDIAN(S) OF THE CHILD LISTED BELOW. SUBMISSION OF THIS FORM TO HORIZON INTERNATIONAL CONSTITUTES A CLAIM THAT THE SIGNOR(S) ARE AUTHORIZED REPRESENTATIVE(S) FOR THE DESIGNATED CHILD.*

### General Information (please print)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

Child's Address \_\_\_\_\_

Family Doctor \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

### 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 Horizon International Inc, USA to \_\_\_\_\_country). This consent includes, but is not limited to, the child's participation in all activities customarily associated with a Horizon International Inc GO Team 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.

2. 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 in the Application Medical Questionnaire.

3. I understand that while the designated child participates on a Horizon International Inc GO Team, he or she is responsible to comply with all orders and directives of the Horizon International Inc 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).

4. 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, terrorists 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).

5. 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 Horizon International Inc. the local church sponsoring the Horizon International Inc Global Outreach Team 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.

6. 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.

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.

## 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 Horizon International currently requires the insurance coverage summarized below and is providing such coverage for my child for the duration of his/her ministry through the group policy established with Travel Guard Gold. I accept this coverage provided by Horizon International for my child. I understand that this coverage (as detailed below) is subject to change, and that I am responsible for obtaining (at my expense) this and/or any additional insurance coverage that I consider necessary for my child:

### Travel Guard Gold Coverage & Benefit Limits

ACCIDENT AND SICKNESS MEDICAL EXPENSES	\$25000.00	Per Insured
ACCIDENTAL DEATH/DISEMBLEMENT	\$10000.00	Per Insured
BAGGAGE & TRAVEL DOCUMENTS	\$1000.00	Per Insured
BAGGAGE DELAY	\$300.00	Per Insured
CANCEL FOR BUSINESS REASONS	--	Per Insured
CONCIERGE SERVICES	--	Per Insured
EMERGENCY MEDICAL TRANSPORTATION	\$500000.00	Per Insured
IDENTITY THEFT ASSISTANCE SERVICES	--	Per Insured
LIVETRAVEL ASSISTANCE	--	Per Insured

MISSED CONNECTION	\$250.00	Per Insured
TRAVEL GUARD ASSIST	--	Per Insured
TRIP CANCELLATION	100% Trip Cost	Per Insured
TRIP DELAY	\$750.00	Per Insured
TRIP INTERRUPTION	150% Trip Cost	Per Insured
TRIP INTERRUPTION - RETURN AIR	\$750.00	Per Insured

Please complete the following Travel Guard Gold beneficiary designation:

Beneficiary: \_\_\_\_\_ Relationship to the Insured: \_\_\_\_\_

**PART 5—Medical Treatment Authorization**

I understand that Horizon International or an agent authorized by Horizon International 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 Horizon International 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 Horizon International 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 Horizon International office in the event of any health changes that would restrict my child’s participation on an GO Team 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)

\_\_\_\_\_  
(Witness) (Date)