

Legal Guardian Permission Form for International Travel

Permission Form for a minor to leave the United States when both parents are not traveling with the minor:

_____, a minor of less than 18 years of age,
Print Full Name of Minor Here

has the permission of **both** parents/legal guardians to leave the United States from the span of dates of

_____, 20____ to _____, 20____
Date of Departure Date of Return to U.S.

to participate on a short-term international trip to the country of _____. As
Country Traveling To
such parent or legal guardian, I hereby authorize and appoint a duly authorize _____
Adult Responsible for Minor
as my agent to act for me with respect to my minor child and in my name in any way I could act in person to
make any and all decisions for me with respect to my minor child concerning my minor child's personal care,
medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical
treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment. Said
duly authorized agent _____ shall have the same access to my minor child's medical
Adult Responsible for Minor
records that I have, including the right to disclose the contents to others. Also, I hereby authorize for my minor
child to serve as a participant on thid trip and to participate in the activities on a voluntary basis.

Printed name of Parent/Legal Guardian #1

Printed name of Parent/Legal Guardian #2

Phone Number for Parent/Legal Guardian #1

Phone Number for Parent/Legal Guardian #2

Signature of Parent/Legal Guardian #1

Signature of Parent/Legal Guardian #2

Date signed by Parent/Legal Guardian #1

Date signed by Parent/Legal Guardian #2

This form MUST be signed by BOTH parents or legal guardians and notarized by a Notary Public in order to be valid! The minor may be asked to provide this form AT THE AIRLINE TICKET COUNTER the day of travel in order to be allowed to travel with the group. You will need TWO notarized copies of this from – one for the airline traveling out of the United States and the other for the return flight to the United States.

Notary Public: _____

Date: _____

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ASSUMPTION OF RISK FORM SHORT-TERM MISSIONS VOLUNTEER (MINORS)

► *Note: This form is for use by MINORS (individuals under the age of 18) who participate on short-term missions trips. Because the Mississippi Baptist Convention Board may not have insurance to cover injuries or accidents that occur on such trips, and it has no means of adequately supervising these activities, we ask participants on such trips to assume all risks associated with them as a condition of their participation.*

I, _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer on a Mississippi Baptist Convention Board partially sponsored missions trip, to _____ (destination of trip), represent and agree that:

1. I am a volunteer worker and not an employee of the Mississippi Baptist Convention Board.
2. I am aware of the hazards and risks to my person and 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 assignment with full awareness of these risks, and subject to any insurance coverage that may be available to me from any source, and only with respect to the Mississippi Baptist Convention Board, their employees and representatives, successors or assigns, and the Southern Baptist Convention, I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release the Mississippi Baptist Convention Board, their employees and representatives, successors or assigns, and the Southern Baptist Convention from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with missionary service. *2 Corinthians 11:23-28*
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. I expressly waive any defense to the enforcement of any provision 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.
5. I am aware of the hazards and risks to my person associated with participation in a short-term missions trip, as described above. I further understand that the Mississippi Baptist Convention Board may not have any insurance coverage that would apply in the event of my death, illness, injury or damage to my property that may occur during my participation on the trip, and that if I desire insurance coverage I am responsible for the cost of such insurance.
6. I expressly agree that this assumption of risk 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 VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.**

Printed Name _____

Signature of Participant _____ Date _____

Address _____

City _____

State & Zip _____

Date of Birth _____

IMPORTANT: A parent's or legal guardian's signature is required for all participants under the age of 18.

Signature of Parent _____ Date _____



Background Check

**PERMISSION FOR RELEASE OF INFORMATION
FROM CRIMINAL RECORDS- *Missions***

I hereby give my permission for the release to Barry Hardy, Church Administrator of First Baptist Church of Madison, Mississippi, information from law enforcement files concerning any past history of sex offenses, offenses against children with whom I may have been charged or convicted, and any criminal felony and misdemeanor.

I understand that the information to be released will concern only charges and/or convictions of carnal knowledge of a child less than 14 years of age, sexual battery, seduction of a child under the age of 18, touching a child for lustful purposes, disseminating sexually oriented material to children, exploitation of children, carnal knowledge of a stepchild, adopted child or a child of a cohabiting partner, or unnatural intercourse. Information may be released on any criminal record I may have which does not relate to these particular crimes.

I understand that information will be released on any conviction, any pending charges, or any arrests if I have been arrested two or more times.

I understand that First Baptist Church of Madison, Mississippi has the right to require this record check as a condition of employment or my volunteering to work with children or participating in a mission trip.

I understand that if requested, I will be sent a copy of any information released from your files pursuant to this permission form and I have the right to challenge the accuracy and completeness of this information.

I understand that this information will be used only for employment and/or volunteering purposes and will not be re-disseminated to other persons or used for any other purpose.

Name: _____
(Please print - full legal name)

Physical Address: _____

(City, State, Zip)

Social Security #: _____

Date of Birth: _____

Phone: _____

Email: _____

Signature: _____

Witness to Signature: _____

Date: _____