



NOTARIZED RELEASE FOR MINORS ONLY
in Full of All Claims

If participant is under 18 at the time Travel Teams Orientation begins, this form is to be filled out by Momentum Travel Teams parents/guardians & **notarized (Bring NOTARIZED original** (no copies/faxes) to Momentum Travel Team Orientation – must be received at check-in, along with Medical Release and Health Insurance Information Form)

I hereby give consent for my son/daughter _____ to
(print student name)

travel during Momentum Travel Teams with the Travel Team leaders, anytime during time window of June 14 – July 24, 2022.
Dates vary by specific team student is on.

In consideration of the 2022 Momentum Travel Teams orientation, tour, and debriefing, we hereby release and forever discharge Momentum Ministry Partners, its employees, Board of Directors, the Travel Teams leaders and team members, host churches & ministries, attendees, and any host families from any and all actions, claims and demands from upon or by reason of any damage, loss, or injury, which hereafter may be sustained by

_____ in consequence of _____
(Student Name) (his/her)
participation in said trip and all activities engaged in during the course of said trip.

This extends and applies to, and covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability, and consequence thereof, except to the extent insurance policies are in effect to cover such a loss. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived.

Signature of Father with Legal Guardianship _____

Printed name of Father with Legal Guardianship _____

Signature of Mother with Legal Guardianship _____

Printed name of Mother with Legal Guardianship _____

State of _____ County of _____

Before me, a Notary Public in and for said state, personally appeared _____

(Print Parent/Guardian name)

and _____, who being duly affirmed depose and say that they are

(Print Parent/Guardian name)

residents of _____ County, State of _____.

(name of county)

(name of state)

Affirmed to before me and signed in my presence this _____ day of _____, 2022.

(date)

(month)

(signature of notary)

Notary Public State of _____

My commission expires _____

Must be Received at Momentum Travel Teams Orientation Check In
original document required of this page – no fax or copies



MEDICAL RELEASE & HEALTH INSURANCE INFORMATION

All Travel Teams Students, regardless of age, need this form filled out by a parent/guardian and turned in at Momentum Travel Teams Orientation Check-In

Name of Travel Teams Student: _____

This is a release form to authorize any staff members of Momentum Ministry Partner to call an authorized doctor to administer medical and surgical treatment at any time when they believe an emergency exists. This authorization is intended to cover immunizations, injections, minor operations and procedures and whatever necessary anesthetics. It is not intended that any medical or surgical treatment will be rendered without his/her personal consent. In the event of major surgery, an attempt to contact next of kin will be made before relying upon this authorization. I agree to accept full responsibility for any medical expenses my child may have while on Travel Teams. (Momentum Travel Teams does not provide medical insurance for our participants. Your family personal health insurance may be used and you will be responsible for any additional expense not covered by your health insurance)

I further agree to release Momentum Ministry Partners and the staff of the local church, organization, or activity where the Travel Team serves - from any liability for accidents, sickness or death which may be incurred while serving on this program. I give my consent as well for pictures of my child to be posted on Momentum Ministry Partners web sites/social media during their summer ministry and future promo/publicity.

Please read, check either proof section or waiver section, sign, date, and then return this sheet with copy of front & back of insurance card if checking option #1

OPTION #1--PROOF OF INSURANCE

I have major medical insurance. I understand that if my child needs medical treatment while on Travel Teams 2022, every effort will be made to contact me. I further agree that any costs for my child's medical treatment while on Travel Teams will be my responsibility.

Name of Insurance Company _____

Policy Number _____

(Please copy front & back of your insurance card and attach it to this document)

OR

OPTION #2--INSURANCE WAIVER

I do not have traditional medical insurance. I understand that I must assume sole responsibility for any costs for my child's medical treatment while on Travel Teams 2022. I understand that if my child needs medical treatment while on Travel Teams, every effort will be made to contact me first. However, if it is an emergency situation or they are not able to contact me, I agree to be financially responsible for any medical expenses incurred by my child.

MUST BE SIGNED

X **Signature of parent/guardian:** _____ **Date** _____

Print Name of above signed: _____

Address: _____

City/State/Zip: _____

parent phone: _____ **Parent E mail address** _____

Relationship to applicant: _____

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