

Christian Academy School System Mission Trip Contract

PARENT AGREEMENT

I, _____, the parent of _____ understand that my child has applied to be involved in a Christian Academy School System (CASS) sponsored mission/service trip. I hereby consent that my child may participate in the mission/service trip/program. Since the mission program desires that God will be honored in every aspect of the trip, it is imperative that students set a Christ-like example in all situations. I know that my child must abide by all rules and regulations set forth by the CASS Board of Directors, the Middle/High School administration, and the trip's leadership team. Failure to comply with all rules may result in removal from the mission/service trip team. I also understand that CASS reserves the right to remove my child from a mission/service trip either before or during the trip. I also understand that if my child is removed from the team or is unable to participate for any reason, any contributions of support given for the preference of supporting my child's mission/service trip will not be returned or refunded. Lastly, if my child is removed from a team during the mission/service trip they will be sent home at my expense, which is outside the trip cost.

Printed Parent Name _____ Date _____

Parent Signature _____ Date _____

PARENT and STUDENT AGREEMENT

By signing this statement you are certifying that:

- You have read a copy of the Mission/Service trip manual.
- You agree to abide by the policies and procedures set forth in the manual.
- You will ensure the trip's minimum contribution level of support will be raised by the deadline stated in the application.
- You will ensure that the total goal of financial support for the trip will be raised by the final deadline (determined by the trip leader). You understand that students not reaching their financial support goal may not be allowed to participate on the trip. You understand that you are not raising financial support for yourself but for the mission project/trip.
- You will attend the required meetings and you will participate in the devotion packet as set forth by your trip leader.
- You will abide by all trip requirements set forth by your trip leader. More information will be discussed at the parent meeting.
- Failure to turn in the entire packet of information, or failure to comply with the above statements may result in a denial of trip participation.

Printed Student Name _____ Grade _____

Student Signature _____ Date _____

Printed Parent Name _____ Date _____

Parent Signature _____ Date _____

Medical Consent

I certify that, to my knowledge, my child is physically fit and has not been advised to not participate by a qualified medical professional. I certify that there are no health and/or mental health-related reasons or problems which preclude my child's participation in this mission/service trip. I understand that Christian Academy School System will make every effort to contact me in the case of an emergency. The undersigned do hereby authorize Christian Academy School System mission project directors, or such substitute as they may designate, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the minor mentioned herein which is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon, or dentist, licensed under the laws of the country where the treatment is being provided, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital or elsewhere.

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the Christian Academy School System mission project directors, or such substitute as they may designate, to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable.

The undersigned hereby authorizes any hospital that has provided treatment to the Minor to surrender physical custody of the Minor to the Christian Academy School System mission project directors, or such substitute as they may designate upon the completion of treatment.

The undersigned hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by Christian Academy School System under this authorization. This medical authorization shall remain effective until/unless revoked in writing delivered to Christian Academy School System.

This authorization and consent will remain effective unless revoked in writing by the undersigned and delivered to the aforesaid agent. If the minor has only one parent or guardian, an affidavit verifying this must be attached.

Name of Minor _____ DOB _____

Signature of Minor _____ **S.S. #** _____

Signature of Father or Guardian _____

Full Address _____

Home/Cell Phone _____ Work Phone _____

Signature of Mother or Guardian _____

Full Address _____

Home/Cell Phone _____ Work Phone _____

-----**NOTARIZATION**-----

STATE OF _____, COUNTY OF _____ The foregoing instrument was acknowledged before me this _____ day of _____, _____ by _____, _____ who is/are personally known to me or who provided the following identification: _____.

Notary Public Name: _____

Seal:

My Commission Expires: _____

Medical Information

***Please turn in a front and back copy of your child's insurance card along with this application. ***

Insurance Company _____

Claim Office Address _____

Claim Phone # _____

Policy # _____ Group # (If Applicable) _____

Parent Employer Name & Full Address _____

Parent Contact Information In Case of Emergency-Name _____

Cell Phone # _____ Work Phone # _____

Address _____

Alternate Contact Name & Phone # _____

Child's Primary Doctor Name _____

Address _____

Phone # _____

Please list illnesses/medical/mental health conditions that require prescribed medications, as well as allergies to medicines, foods, bee stings, etc. & describe treatment required.

Illness/Allergies	Reaction	Medication or Treatment

Authorization Waiver, Consent & Liability Release

The undersigned do hereby grant permission to _____ who was born
name of child
 on _____ to travel and to make a tourist visit to _____.
date of birth *name of country(ies) or state*

LIABILITY RELEASE

Christian Academy School System sends volunteers on national and international short term projects. While these projects are rewarding to many who participate, mission trips, by their nature, often involve travel to remote parts of the world where there are risks to the volunteers. Those risks can include travel difficulties, illness, dangerous weather, actions of third parties, defective equipment, injury and even death. In some locations, the political situation can change, possibly increasing security risks. The potential for injury or health-related problems may be increased in some countries due to local conditions. Moreover, the lack of technology can cause temporary delays in communications and transportation.

By their signature, the undersigned acknowledge that they have been adequately informed, either verbally or in writing, of the potential risks and dangers related to participation in the short-term project by the minor named above. Further, the undersigned freely give their informed consent for such minor to participate in the short-term project, notwithstanding the potential risks and dangers related thereto.

In consideration for permitting my child to participate in this Christian Academy School system mission trip, I, on behalf of myself, my executors, administrators, heirs, next of kin, successors, and assigns, hereby voluntarily release and forever discharge CASS, its trustees, officers, employees, agents, insurers, and contractors from any and all legal or financial responsibility for any personal injury, disability, illness, damage, medical expense or death, arising from or related to my child(ren)'s participation en route to, en route from, while in residence, or as a result of, any involvement or participation by said minor in the short-term national projects of CASS whether caused by negligence or otherwise. I further agree that if any such claim is made on my own behalf or that of my child, I will indemnify and hold harmless CASS, its trustees, officers, employees, agents, insurers, and contractors with respect to any such claim, injury or damage.

I consent and agree that the CASS mission trip and/or their coaches, agents, representatives or volunteers may take photographs or digital recordings of my child as a participant during this event and use these in any and all media for training or promotional purposes. I further consent that my child's identity may be revealed therein or by description text or commentary. I waive any rights, claims or interest and I understand that there will be no financial or other remuneration.

The accident waiver, release of liability and image release shall be construed broadly to provide a release and waiver to the maximum extent permissible under law.

NOTE: If the minor has only one parent or guardian, an affidavit verifying this fact must be attached.

Authorization Waiver, Consent & Liability Release Signature & Notary Page

I CERTIFY THAT I HAVE READ THE AUTHORIZATION, CONSENT AND LIABILITY RELEASE DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL.

Name of Minor _____ DOB _____

Signature of Minor _____ **S.S.#** _____

Signature of Father or Guardian _____

Full Address _____

Home/Cell Phone _____ Work Phone _____

Signature of Mother or Guardian _____

Full Address _____

Home/Cell Phone _____ Work Phone _____

-----**NOTARIZATION**-----

STATE OF _____, COUNTY OF _____ The foregoing instrument was acknowledged before me this _____ day of _____, _____ by _____, _____ who is/are personally known to me or who provided the following identification: _____.

Notary Public Name: _____ Seal:

My Commission Expires: _____