

MTW RELEASE FORM - MINORS (0 - 17 years)

Participant – please complete ALL information requested, have your form **NOTARIZED**, and return completed form to your team leader. (**Note to team leader: keep original; send copy to MTW**)

Participant's Name: _____	Project Location: _____
Birth Date (mo/day/yr): _____	Project Dates: _____

Gender (male/female): _____	Church: _____
Address: _____	Church City/State: _____
City, State, ZIP: _____	Team Leader: _____
Parents Names and Home Phone: _____	
Alternate Emergency Contact Name and Phone: _____	

PROJECT INSURANCE COVERAGE and REQUIREMENTS1. **WHAT WE PROVIDE (Secondary Coverage)**

MTW Short-term provides \$50,000 Accident/Sickness Medical Coverage for each participant. This includes \$10,000 Accidental Death and Dismemberment Coverage, and **emergency evacuation** expenses when necessitated by circumstances occurring more than 150 miles from home. Repatriation expenses are also provided in the event of death. This coverage is provided for all participants in the short-term program and is included in the project cost. It is secondary to the participant's own primary medical coverage.

2. **WHAT WE REQUIRE**

US project locations: MTW's coverage includes accidents only; it does not cover sickness/illness. Each participant is required to have his/her own primary medical coverage for sickness.

International project locations: MTW's coverage includes both accidents and sickness. However, because this is a secondary coverage, each participant is still required to have his/her own primary medical coverage for sickness.

Any participant, who does not have primary medical insurance, must apply for supplementary coverage. (*Your team leader has been given information about supplementary insurance.*)

Please indicate the status of your primary medical insurance:**US Projects:**

- "I do have a primary medical insurance policy."
 "I do not have a primary medical insurance, but I am applying for supplementary coverage."

International Projects:

- "I do have a primary medical insurance policy, and I have confirmed that it will cover me while outside the U.S. on this project."
 "I do have primary medical insurance, but it will **not** cover me outside the U.S.; I am applying for supplemental coverage."
 "I do not have a primary medical insurance; I am applying for supplementary coverage."

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Signatures and notarization must be within 30 days of travel to international projects. **BOTH parental signatures** required for all MEXICO and CHILE projects. At least one parental signature required for all other projects.

PERMISSION TO TRAVEL: "As a parent or guardian, I give my permission for (name): _____ to travel to (location): _____ to participate in MTW's Short-Term Missions Program on the following dates (from): _____ (to): _____, 20 ____."

Signature of Father: _____ **Date:** _____
Signature of Mother: _____ **Date:** _____
Other Legal Guardian: _____ **Date:** _____
(indicate relationship to participant): _____

IMMUNIZATIONS AND MEDICAL CONSENT:

"My child has had all **routine immunizations**, (*dT-diphtheria, tetanus, MMR-measles, mumps, rubella, and polio*)." _____ Yes _____ No

"My child has had a **tetanus booster** within the past 10 years." _____ Yes _____ No, but he/she will have by the beginning of the project.

"I have checked with my doctor, the CDC* or a travel clinic and am aware of **the immunizations recommended and required for the area** in which my child will be traveling." _____ Yes _____ No

"**In the event of a medical emergency**, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional for (name): _____."

Signature of Father: _____ **Date:** _____
Signature of Mother: _____ **Date:** _____
Other Legal Guardian: _____ **Date:** _____
(indicate relationship to participant): _____

RELEASE OF LIABILITY (US and International Projects): "I am aware of the inherent risks and dangers to my child in traveling to and ministering in other countries and the potential risks to my child and his/her property as a result of participation in the _____ project (including but not limited to illness, injury, acts of terrorism, death, robbery, kidnapping, or other loss or destruction of life or property). I fully assume these risks, understanding that MTW cannot be responsible for any personal loss or disaster that my child may experience in connection with his/her volunteer ministry service to MTW. I hereby agree to waive and release any and all claims and causes of action for damages or other relief that I may have against MTW, the Presbyterian Church in America, my sending church/organization, any of their affiliated or member entities, and their respective officers, directors, employees, agents, attorneys, or representatives, based on my child's volunteer services for MTW. I acknowledge personal responsibility for my child's actions outside the direction of ministry personnel, or the scope of this ministry project or program. I understand that this release of liability is effective only as it applies to, and as interpreted by the laws of the countries involved."

Signature of Father: _____ **Date:** _____
Signature of Mother: _____ **Date:** _____
Other Legal Guardian: _____ **Date:** _____
(indicate relationship to participant): _____

NOTARIZATION REQUIRED: (Notarization date must be within 30 days of travel to international projects.)

State of _____ County of _____. Acknowledged before me this _____ day of _____, 20 ____.

NOTARY PUBLIC: _____ (Notary Seal Required)

Date commission expires: _____

*CDC - Centers for Disease Control, Atlanta GA / phone; 1-877-394-8747 / www.cdc.gov (Traveler's Health)