

Consent for Medical Treatment & Release and Hold Harmless Agreement

WHEREAS _____(my child/I) wish(es) to participate in a short-term mission trip conducted by VICTORIOUS CHRISTIAN HARVESTERS, INC. (VCH), a non-profit Texas corporation, traveling to and staying in the country of _____; and, whereas unforeseen circumstances and situations may occur resulting in my child or myself needing medical or dental care and treatment, and further recognizing that I, the undersigned parent or guardian, may not be available or able to give my personal consent at the time of required treatment or care for my child or myself as may be determined by medical professionals practicing in the above country, I do hereby give my permission, consent and authority to VCH personnel to act in my behalf with the same force and effect that I would have had I personally given the consent.

I further understand that VCH will provide Voluntary Missionary Travel Insurance for (my child/me) for a duration beginning the date of departure from, through the date of return to the United States of America, for the aforementioned short-term mission trip.

By signing this document below I do hereby release and hold harmless Victorious Christian Harvesters, Inc. (VCH) from what may be deemed as any negligent acts or omissions in connection with (my child/me) participating in a short-term mission trip. I further indemnify Victorious Christian Harvesters, Inc., its officers, trustees, agents, and employees from financial responsibility and/or personal liability resulting from my voluntary participation in a short-term mission trip conducted by VCH. I hereby give my permission to use photographs of (myself/my child) in Victorious Christian Harvesters, Inc. (VCH) ministry publications.

Complete if Applicable:

I further certify that I have a personal health insurance policy in force with _____(Company) Policy # _____ which covers (my child/me) with no territorial limitation, including foreign countries outside the United States of America, that will provide coverage for (my child/me) during the duration of the aforementioned short-term mission trip, including accidental death and dismemberment (AD&D) coverage.

Father's Signature: _____

Mother's Signature _____

Guardian's Signature _____

Applicant's Signature _____

Social Security Number of Applicant: ____ - ____ - ____

NOTARY:

State of _____

County of _____

On _____(date) came before me, the undersigned, a Notary Public in and for the above State and County, _____(Name of Individual) and _____(Name of Individual) the identical person(s) who executed the within and foregoing instrument, and acknowledged to me that he/she/they executed the same as his/her/their free and voluntary act and deed, for the uses and purposes herein set forth. Given under my hand and seal of office the day and year above written.

Notary Public _____

My Commission expires: _____