



Participant Name: _____
Group Name: _____
Travel Destination: _____
Trip Dates: _____

CONSENT FOR MINOR TO TRAVEL IN A FOREIGN COUNTRY

***Please note that a parent or legal guardian must sign this in front of a notary.**

I, one of the parents/guardians of the minor child named below, hereby give permission for my child to travel in the country of _____ with **NPH USA** under the direction of **NPH USA** staff and associated individuals.

Minor's Name: _____

Parent or Legal Guardian #1 Print Name: _____

Signature: _____ Date: _____

Parent or Legal Guardian #2 Print Name: _____

Signature: _____ Date: _____

NOTARIZATION

STATE OF _____

COUNTY OF _____

Personally appeared before me, the undersigned authority in and for the County and State aforesaid, the above named signatory, who acknowledged on oath that he or she consents to the matters set forth in the foregoing document.

SWORN TO AND SUBSCRIBED before me, this the _____ day of _____, 20____.

NOTARY SEAL HERE:

NOTARY PUBLIC

My Commission Expires:



Participant Name: _____
Group Name: _____
Travel Destination: _____
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LEGAL RELEASE OF CLAIMS AND ACKNOWLEDGEMENT OF RISKS FOR MINOR TRIP PARTICIPANTS

THIS IS A COMPLETE RELEASE OF ALL POTENTIAL CLAIMS BY THE MINOR

- **THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN AND EXECUTED BY BOTH PARENTS/GUARDIANS.**
- **THIS FORM MUST BE SIGNED AND NOTARIZED AND THE ORIGINAL MAILED TO THE ADDRESS LISTED ON THE LAST PAGE. NO COPIES WILL BE ACCEPTED.**
- **PLEASE READ EACH PARAGRAPH CAREFULLY AND INITIAL TO INDICATE THAT YOU UNDERSTAND THE TERMS OF THE AGREEMENT.**

Voluntary Participation:

I, the undersigned parent/guardian for the minor trip participant ("minor participant"), understand the minor participant will be traveling to a foreign country or countries and participating in various mission activities which are sponsored or facilitated, in whole or in part, by **NPH USA**, a not-for-profit corporation. I understand that it is my responsibility to arrange for medical or any other insurance coverage for the minor participant before his or her departure.

Parent/Guardian Initials: _____

Risks:

I understand and acknowledge that the minor participant's travel to, from, and within foreign countries involves unique hazards and risks not usually encountered when traveling within the United States. I understand that these unique risks and hazards may be related to exposure to environmental conditions, such as extreme weather, sanitation, animals, insects, or disease. I understand and acknowledge that the minor participant may be exposed to native food and drink that could increase the risk of a medical situation due to allergies or other pre-existing conditions.

Parent/Guardian Initials: _____

I am not aware of any medical conditions that may heighten the minor participant's risks he or she encounters while participating in and/or traveling to activities on the trip. If the minor participant does suffer from such conditions, I have informed **NPH USA** of these conditions in **NPH USA's Medical and Emergency Information and Consent Forms**. Furthermore, I have discussed any such conditions with the minor participant's physician, as they relate to and/or impact his or her participation in the trip.

Parent/Guardian Initials: _____

I am not aware that the minor participant possesses physical limitations, including limited mobility, which may limit his or her ability to travel or participate in activities on the trip. If the minor participant does have such limitations, I have informed **NPH USA** of these limitations in **NPH USA's Medical and Emergency Information Form** and discussed whether **NPH USA** will be able to accommodate the minor participant's physical limitations during this trip.

Parent/Guardian Initials: _____

I acknowledge that the minor participant's medical insurance is his or her primary coverage and that it is my responsibility to ensure that said insurance will cover the minor participant's possible medical needs, including pre-existing conditions, during his or her trip. This includes, but is not expressly limited to, medical treatment in a foreign country, medical treatment in a foreign health care facility, medical evacuation, and follow up or additional treatment upon his or her return to the United States. I understand and acknowledge that should a medical emergency arise during the minor participant's trip, access to and treatment at a medical facility may be limited and treatment he or she may receive may not be provided at levels found within the United States.

Parent/Guardian Initials: _____

I understand and acknowledge that the nature of a trip to a foreign country may expose the minor participant to health conditions and/or illness or disease that may impact his or her health or cause harm while on the trip or after his or her return and it is my responsibility to arrange for necessary precautions such as vaccination, medication, or other preventative measures. I understand and acknowledge that during travel to and from the foreign country, and while participating in activities in the country, the minor participant may experience stressful, difficult, and/or hazardous situations that may necessitate that I take additional precautions related to any pre-existing medical condition the minor participant may have.

Parent/Guardian Initials: _____

I understand and acknowledge that COVID-19 is a global pandemic and public health risk. **NPH USA** does not and cannot guarantee safety or immunity from COVID-19 infection to anyone who participates in the NPH USA Travel Program or visits the homes of NPH. I understand that I may be exposing the minor to and/or increasing their risk of contracting or spreading COVID-19. If the minor tests positive for COVID-19 during the trip, I understand that the minor may not be able to immediately return to the United States until they have obtained a negative COVID-19 test result. I also understand that I am responsible for any costs that the minor might incur due to national and/or international COVID-19 safety protocols, including but not limited to the extension of their stay in the country visited, additional tests, and airline changes or rebooking fees.

Parent/Guardian Initials: _____

Release:

In consideration of the minor participant's participation in trip activities and as one of the recipient of benefits flowing from **NPH USA** as an organizer and facilitator of the trip, the minor participant and I do hereby release, discharge, and agree to hold harmless **NPH USA**, its directors, officers, members, administrators, employees, and/or other individuals associated with **NPH USA** from any and all liability, claims, demands, or actions which may accrue as a result of any injury, whether accidental or otherwise, illness, or other loss which the minor participant may sustain as a result of participation in any trip travel, recreation, or other trip activities. I exercise this authority as one of the parents/guardians for the minor participant. It covers activities in any country involving travel: (1) to and from those countries; (2) to and from mission activity sites; (3) to and from various locales visited during the trip by any mode of transportation.

Parent/Guardian Initials: _____

I further agree that the minor participant and I will not institute any action or suit at law or in equity, against **NPH USA**, its directors, officers, members, administrators, employees, and/or other individuals associated with **NPH USA** and that the minor participant and I will not institute, prosecute, or in any way aid in the damages, costs, loss of services, expenses or compensation for or on account of any alleged damage, loss, injury, health problem, disease, or illness to any person or property, resulting from the minor participant's participation in trip activities sponsored or facilitated by **NPH USA**.

Parent/Guardian Initials: _____

To the extent **NPH USA** has purchased travel insurance that will cover the minor participant's trip, the minor participant and I acknowledge that any benefits under such travel insurance, if any, are the sole responsibility of the carrier providing the travel insurance and that the minor participant and I will not seek any payments from **NPH USA** in the event such travel insurance does not provide any benefits to the minor participant.

Parent/Guardian Initials: _____

I understand that the minor participant and I are solely responsible for the minor participant's personal property, which means that **NPH USA** will not be responsible for the safekeeping or custody of any such property.

Parent/Guardian Initials: _____

I have carefully read the above release and agreement prior to its execution, and I am fully familiar with the contents thereof. I agree that this Agreement will be governed by the laws of State of Illinois, United States of America and is intended to be as broad and inclusive as permitted by the laws of the State of Illinois, United States of America, and that if any portion of this Agreement is held invalid, the balance of the Agreement shall, notwithstanding, continue in full legal force and effect. This release shall be binding upon me, my heirs, administrators, personal representatives and assigns, forever.

Parent/Guardian Initials: _____

EXECUTION ON BEHALF OF MINOR

Anyone under the age of eighteen (18) years old is considered a minor under the laws of the State of Illinois, where **NPH USA** is based, and this section must be signed by BOTH PARENTS and/or GUARDIANS, notarized, and submitted along with the *Legal Release of Claims and Acknowledgement of Risks Associated for Minor Trip Participants* form. My signature below acknowledges that I have read the provisions in the foregoing three (3) pages and agreed to their contents:

Parent or Legal Guardian #1 Print Name: _____

Signature: _____ Date: _____

Parent or Legal Guardian #2 Print Name: _____

Signature: _____ Date: _____

NOTARIZATION

NOTARY SEAL HERE:

NOTARY PUBLIC

My Commission Expires:



Participant Name: _____
Group Name: _____
Travel Destination: _____
Trip Dates: _____

Authorization for Emergency Medical Treatment for Minor

As the parent or guardian of the child listed below, I authorize the treatment by a licensed medical professional of the child in the event of a medical emergency which, in the opinion of the attending medical professional, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort, if delayed.

I understand that the scope of treatment may include any diagnosis, procedure, or other care, for the below named minor, including, but not limited to: x-ray, scan, ultrasound, or other diagnostic test, anesthesia or administration of any anesthetic, medical, psychiatric, dental, or surgical diagnoses or treatment, and hospital care. I understand that the undersigned has provided the minor's medical history in this form, including a statement of allergies and current medications and conditions, to be used in the event that emergency care for the minor is sought.

I agree that this authority is granted only after a reasonable effort has been made to contact us. I agree to be held responsible for the expenses incurred in obtaining diagnosis, treatment, or care of the minor, and that this authorization in no way transfers the responsibility for payment of care to **NPH USA** or its employees.

This consent is valid while the child is a participant in the subject trip organized by **NPH USA**. This consent is signed for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Name of Child: _____
Name of Parent/Guardian: _____
Signature of Parent/Guardian: _____

NOTARIZATION

STATE OF _____
COUNTY OF _____

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