

# AGWM

## Policy Regarding Minors on Missions Trips

(ages 17 & under)

These guidelines, established by AGWM and the General Council, are taken from U.S. child labor laws, the U.S. Department of State International Travel Guidelines, and IRS criteria for volunteer labor and travel expenses abroad.

Our desire is to give everyone an opportunity to serve on a team trip. We do not intend to stifle anyone from being in a position for God to speak to their hearts regarding future involvement in missions.

### **Requirements for Ages 17 and under:**

1. Minors between the ages of 14 and 17 are allowed to be recognized as part of a team.
2. Children 13 and under are eligible to be part of the team; however, any expenses associated with a minor 13 and under will not be eligible for World Missions total giving credit.
3. Anyone traveling under the age of 18 must have a signed *Parental Consent Form* and overseas insurance coverage through AGWM. (\*The original, notarized *Parental Consent Form* should be kept on hand by the team leader and taken on the trip and a copy sent to us.)
4. Minors under 18 are allowed to travel without a parent or legal guardian. The team leader is responsible to assign an adult to supervise the minor at all times throughout the duration of the trip.

### **Parental Consent Form:**

Parents and legal guardians of minor children are required to complete the Parental Consent Form & Minor Authorization (on the next page). **The Team Leader, traveling with the team, keeps the original and brings it with them on the trip for verification. A copy is sent to AGWM with the team's forms. THIS FORM IS NOT VALID IF COMPLETED BY THE CHILD TRAVELING. THIS FORM MUST BE SIGNED BY BOTH PARENTS OR THE MINOR'S LEGAL GUARDIAN.**

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## PARENTAL CONSENT FORM & MINOR AUTHORIZATION

### **General Information (please print)**

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Work Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Church Name: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

### **Insurance Company Covering Child**

Stateside Insurance Company Covering Child: \_\_\_\_\_

Policy #: \_\_\_\_\_

### **Consent, Certification, and Assumption of Risk**

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the child's participation on a team outreach sponsored by the Assemblies of God World Missions to \_\_\_\_\_(country), including, but not limited to, all of the activities customarily associated with a MAPS team trip. I am aware of the hazards and risks associated with such a trip including, but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my child's assignment with full awareness of these risks, and, subject to the insurance coverage described below, I voluntarily assume all risks of death, injury, illness, and damage to my child associated with such risks, and any damage to his or her personal property. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28).

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Further, I certify that the child is physically fit and adequately trained to participate in an overseas team trip. I have contacted either our public health department or a travel clinic, and our local physician regarding vaccinations, immunizations, and other precautions for the prevention of disease. I certify that the child has followed and is following all procedures (shots, serums, medications, etc.) recommended by our local physician and the above agencies.

I understand that while the above-named child participates on a team trip, he or she is responsible to comply with all orders and directives of the team leader and/or the Assembly of God missionary in charge.

Subject to insurance coverage described below, I waive and release any and all claims for damages which I, or my heirs or successors, may have against World Missions of the Assemblies of God, the General Council of the Assemblies of God, any District Council of the Assemblies of God, the local church sponsoring the team missions trip, or any agent or employee of any of such organizations, arising from my child's death, injury, or illness, or any property damage or loss occurring during the term of his or her assignment or as a result of his or her assignment.

Subject to the insurance coverage described below, I do hereby assume all risks of death, illness, or injury that my child may suffer as a result of said assignment, from those causes described above.

I understand and accept the following policy of the Assemblies of God World Missions regarding ransom payments:

**'The Assemblies of God World Missions Executive Committee has determined that it will not pay ransom nor yield to the demands of anyone who takes one of our missionary family or staff hostage. The Assemblies of God World Missions pledges itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage should it ever occur. This policy was made after sufficient study of the policies of other evangelical missionary societies and after considering the advice of the United States State Department.'**

I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

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## Medical Questionnaire

**Yes** Is your child presently being treated for an injury or sickness or taking any form of medication for any reason?  
 **No** If yes, please explain: \_\_\_\_\_

**Yes** Is your child allergic to any type of medication?  
 **No** If yes, please explain: \_\_\_\_\_

**Yes** Does your child require a special diet?  
 **No** If yes, please explain: \_\_\_\_\_

**Yes** Does your child have any allergies other than medical?  
 **No** If yes, please explain: \_\_\_\_\_

**Yes** Does your child ever sleep walk?  
 **No**

**Yes** Can your child swim?  
 **No**

**Yes** Does your child have any physical condition or illness that would prevent him/her from participating in rigorous activity?  
 **No**

If yes, explain below.

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## **Insurance Agreement**

I am aware of the hazards and risks to the child associated with serving in a missions capacity, as described earlier. I further understand that the following insurance coverage with Guarantee Trust Life is not optional, that this coverage is subject to change and that I am responsible for obtaining (at my expense) this and/or any additional insurance coverage that I consider necessary for the child:

- ◆ \$100,000                      24-hour accidental death and dismemberment
- ◆ \$100,000                      permanent total disability based on an accident
- ◆ \$250/mo.                      limit for permanent total disability based on illness  
(50-month maximum, with a 3-month waiting period)
- ◆ \$50,000                      accident medical limit
- ◆ \$12,500                      sickness medical limit
- ◆ \$50                              deductible per occurrence
- ◆ \$75,000                      medical evacuation limit
- ◆ \$10,000                      repatriation limit

(NOTE: The above benefits are part of the required minimum coverage. These benefits are included in the GTL insurance offered by AGWM and are explained in greater detail in the Global Program brochure.)

## **Medical Treatment Authorization**

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize the director or properly appointed staff member of the General Council of the Assemblies of God to make emergency medical care decisions on behalf of my child, if required by law or a health care provider.

I agree to notify the AGWM office in the event of any health changes that would restrict my child's participation on a team trip. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

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I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE FOR MY CHILD AS MY OWN FREE ACT.**

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

<p>STATE OF _____ COUNTY OF _____</p> <p><b><i>On this _____ day of _____, 20____, before me _____, a Notary Public in and for said state personally appeared _____ known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.</i></b></p> <p>Signature: _____</p> <p>My Commission Expires: _____</p>
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