

# REACH MINISTRIES INTERNATIONAL

1715 Mystic Circle, Baltimore, MD 21221

Phone 443 415 0023 Fax 443 708 5232

(If you are under 18, your parents must sign this form and have it notarized)

## LIABILITY RELEASE/CONSENT TO TRAVEL MEDICAL RELEASE/DISCIPLINARY AGREEMENT

I/We \_\_\_\_\_ and \_\_\_\_\_, being the parents or legal guardians of \_\_\_\_\_, a minor of \_\_\_\_\_ years of age, consent and agree that said minor may travel with a short-term mission team sponsored by REACH Ministries International from \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_: and I/we hereby release REACH Ministries International, its agent, volunteer assistants, William and Joyce Parks and the Board of Directors from any liability whatsoever arising out of injury, sickness, or damages which may be sustained by said minor during the course of said trip.

### MEDICAL RELEASE

I/We \_\_\_\_\_ and \_\_\_\_\_, being the parents or guardians of \_\_\_\_\_ do further give my/our consent for the director or properly appointed staff member of the short-term mission team under the sponsorship of REACH Ministries International to secure the administration of medical treatment or medication for the above named child, an I/we do further agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary for the child. List any medications or treatment that should not be given to your child because of dangerous reactions. \_\_\_\_\_

### DISCIPLINARY AGREEMENT

I/We understand that while the above named minor participates in the missions ministry, he or she is responsible to abide by all rules set forth by REACH Ministries, its leaders, and supervisory personnel. He or she must act in such a way as to promote team unity and service for the Gospel. Serious infractions of rules and/or misconduct by the child can result in dismissal from the trip. In that event, we the undersigned agree to assume the costs of returning the child to his or her home. We also agree to forfeit any possible refund.

\_\_\_\_\_  
Date Parent or Guardian Signature

\_\_\_\_\_  
Date Parent or Guardian Signature(if at all possible both required)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I hereby certify that on this day, before me, an officer duly authorized in the state and county aforesaid to take acknowledgements, personally appeared \_\_\_\_\_ To be known to be the person who executed the foregoing instrument and acknowledged before that (they/he/she) executed the same. Witness my hand and official seal in the county and state last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ AD.

My commission expires \_\_\_\_\_  
\_\_\_\_\_  
Signature of Notary Public