

**PARENTAL CONSENT AND RELEASE OF LIABILITY
MILESTONE MISSIONS
(For minor traveling with or without parents/guardians)**

I, _____, Parent/Guardian of _____, age: _____, Said Minor, Do
Hereby Authorize Said Minor To Travel To The Following Country _____ For Travel With Milestone Church.

Circle the situation which applies: Minor is traveling without parents or guardians / Minor is traveling with one parent or guardian / Minor is traveling with both parents or guardians

I AGREE THAT MY/OUR CHILD IS VOLUNTARILY PARTICIPATING IN VARIOUS ACTIVITIES/PROGRAMS, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES/PROGRAMS, WITH FULL RECOGNITION AND KNOWLEDGE OF THE POSSIBILITY OF DANGER INVOLVED AND I/WE HEREBY AGREE TO ACCEPT ANY AND ALL PERSONAL RISKS OF INJURY THAT MAY RESULT DURING SUCH PARTICIPATION AND RELATED TRANSPORTATION.

As lawful consideration for permitting my child to participate in such activities, including the transportation to and from such activities, I hereby release and discharge MILESTONE CHURCH, as well as it's pastors, leaders, officers, employees, agents and members of the Board of Trustees from any and all actions, claims or demands which I and/or my child and my heirs, distributes, guardians, legal representatives or assigns now have or may hereafter have resulting from any injury, death or other loss as a result of participating in such church-sponsored activities on and/or away from the church premises, including transportation to and from such activities.

My child does not have any medical condition or health hazard that would be irritated, aggravated or otherwise exacerbated by participation in the event/activity. I / my child further assume all risks of death, illness or injury that they may suffer as a result of said participation. Should the need arise, I (as the parent/guardian) hereby give my permission to the physician, nurse or dentist selected by MILESTONE CHURCH to secure medical and/or dental aid as required for any illness or injury, which aid will be under a physician's orders, including transportation, as deemed medically necessary, to and from any appropriate facility.

I / my child expressly waive(s) any defense to the enforcement of any provisions of this CONSENT AND RELEASE OF LIABILITY arising from a claim of lack of consideration and warrant that this CONSENT AND RELEASE OF LIABILITY constitutes a legal, valid and binding obligation upon me enforceable against me / my child in accordance with the terms contained herein. I / my child expressly agree that this CONSENT AND RELEASE OF LIABILITY includes full recognition and acknowledgment of assumption of risk, and I / my child further agree(s) to hold MILESTONE CHURCH hold-harmless and indemnify it for any loss contrary to the provisions contained herein.

This CONSENT AND RELEASE OF LIABILITY is intended to be as broad and inclusive as permitted by law and shall be construed in accordance with the laws of the State of Texas, and entirely independent of the forum where they may come for construction or enforcement. If a court of competent jurisdiction, at any time, holds that a portion of this CONSENT AND RELEASE OF LIABILITY is invalid, void, unenforceable or inoperative, the remainder shall not be affected thereby and shall continue in full force and effect, as though such part had not been contained herein.

I, AS PARENT/GUARDIAN, FURTHER STATE THAT I, AS PARENT/GUARDIAN HAVE CAREFULLY READ THIS CONSENT AND RELEASE OF LIABILITY, INCLUDING THE PROVISIONS FOR ASSUMPTION OF THE RISK, HOLD HARMLESS AND INDEMNITY AND UNDERSTAND ITS CONTENT AND IMPLICATIONS AND I, AS PARENT/GUARDIAN VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS CONSENT AND RELEASE OF LIABILITY SHALL REMAIN EFFECTIVE UNTIL AND UNLESS REVOKED IN WRITING AND DELIVERED TO AN OFFICER, EMPLOYEE OR AGENT OF MILESTONE CHURCH.

If Minor (under 18 at time of travel), the following section must be signed by both parents/guardians and notarized.

PARENTS/GUARDIANS:

Parent 1 Signature: _____ Date: _____

Parent 1 Print Name: _____ Cell Number: _____

Parent 2 Signature: _____ Date: _____

Parent 2 Print Name: _____ Cell Number: _____

NOTARY:

Sworn to and subscribed before me by the above on this _____ day of _____, (year).

(Personalized Seal)

Notary Public's Signature