Parental Consent Form

Parent release and notarized consent — required for participants under 18

Must be completed for every participant under 18 years of age by a parent or legal guardian. The parent or legal guardian's signature must be notarized.

As the parent or legal guardian of _____ (participant's name), I give my permission for him/her to participate in the ASON International mission trip to _____ (destination) from _____ through _____ (trip dates).

In an emergency, I give my permission for a licensed physician to hospitalize, anesthetize, or perform surgery on my child named above. I understand that every reasonable effort will be made to contact me before these actions are taken.

I have read and signed the ASON International Medical Release Form for this trip, and I agree that its acknowledgment of risk, release and waiver of liability, indemnification, and medical authorization provisions apply to me individually and, to the fullest extent permitted by law, on behalf of my minor child, for the benefit of ASON International and its Trip Directors, Team Leaders, trustees, officers, directors, employees, volunteers, and agents.

Florida law requires us to include the following notice for parents and guardians of minor participants:

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ASON INTERNATIONAL AND ITS TRIP DIRECTORS AND TEAM LEADERS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ASON INTERNATIONAL AND ITS TRIP DIRECTORS AND TEAM LEADERS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND ASON INTERNATIONAL HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Parent/Guardian signature (sign in the presence of a notary) *Printed name* *Date*

Relationship to participant

Notary acknowledgment

State of _____, County of _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this ___ day of _____, 20__, by _____ (name of person signing).

Signature of Notary Public *Print, type, or stamp commissioned name of Notary Public*

My commission expires

Personally known ☐ or Produced identification ☐ Type of identification produced: _____