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**YOUTH OR ADULT CONSENT AND RELEASE - \_\_\_\_\_**  
 (Participants Full Name)

**THIS FORM IS TO BE NOTARIED UPON COMPLETION AND PRIOR TO SUBMISSION!**

To be completed by parent or guardian if Participant is under 18 years of age, otherwise to be completed by the Participant.  
 Both parental signatures on the medical release are required and must be notarized if Participant is under 18 years of age unless otherwise directed.

Parent or Guardian	Participant	Trip Leadership
_____	_____	<u>Inheritance World Ministries Inc.</u>
Name (herein "parent or guardian")	Name (herein "Participant")	Sponsor
_____	_____	<u>Dave Dowling or assigned</u>
Name (herein "parent or guardian")	Date of Birth _____ Gender (M/F) _____	Staff Person (herein "Agent")
Participants Address _____	City _____ State _____ Zip _____	
Phone _____ Age _____ Sex _____	Height _____ Weight _____	
Email _____	Tee Shirt Size: S M L XL XXL	

**EMERGENCY CONTACT PERSON**

Parent/s/Guardian/s/Spouse \_\_\_\_\_  
 Phone (Work) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_ Phone (Home) \_\_\_\_\_

**ALTERNATE CONTACT PERSON**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (Work) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_ Phone (Home) \_\_\_\_\_  
 Pastors Name \_\_\_\_\_ Church \_\_\_\_\_  
 Phone (Work) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Emergency Information (*must be completed regardless of age*)

**Insurance Information**

If you have medical insurance, your carrier will be billed for any medical charges in the case of illness or injury while you or your child is in this activity

Do you have health Insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Name of insurance Company \_\_\_\_\_  
 Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 In whose name is the insurance? \_\_\_\_\_  
 Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

If you or your child should require medical attention for injuries received or illness contracted known prior to this activity, you must provide us the necessary information to help provide him/her proper medical care during his/her time during this Inheritance World Ministries Inc. event.

Participant or Parent's/Guardian's initials indicating that this page was read, understood \_\_\_\_\_

**HEALTH HISTORY**

Any pre-existing or present medical conditions? \_\_\_\_\_  
(Please describe and use an additional sheet of paper if necessary)

Name and dosage of any medications that must be taken \_\_\_\_\_  
\_\_\_\_\_

Any allergies? \_\_\_\_\_ To medications \_\_\_\_\_  
(Please describe and use an additional sheet of paper if necessary) (Please describe and use an additional sheet of paper if necessary)

Any other medical conditions we should know about?

- Hay Fever                                     Heart Condition                                     Diabetes
- Insect Stings                                     Epilepsy/Nervous Disorder                                     Asthma
- Frequent Stomach Upsets                                     Physical Handicap                                     Other (Please include a full description on a separate attached sheet)
- Any major illness during the past year?                                     Any recent surgeries \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_ contact lenses? \_\_\_\_\_ Blood Type \_\_\_\_\_

Any swimming restrictions  Yes  No What? \_\_\_\_\_

Any activity restrictions  Yes  No What? \_\_\_\_\_

**I necessary please include a detailed description on an attached sheet of any medical conditions!**

**Release of Liability**

By signing this form I/We as participant or parent/s/guardian/s acknowledge that participating in Inheritance World Ministries Inc. Mission activities is a privilege. I/We understand that there are certain risks of physical injury or illness or loss that may occur that are associated with these activities and that Inheritance World Ministries Inc. can in no way guarantee either expressed or implied prevention of those risks or occurrences that may take place as a participant of this activity. Such activities shall include, but shall not be limited to travel, trips, training, food, ministry, construction, medical or dental treatment (see below) as well as all other activities that one may experience as a participate of this mission. In addition, I/We understand that there may be other risks associated with these activities of which I may not be presently aware and that each participant is solely and ultimately responsible for their own safety and wellbeing. In consideration of your accepting me or my/our child for participation in the above named program, I/We hereby understand and acknowledge the risks involve and waive and release any and all rights and claims for damages, or loss that I, as myself, a parent, or my child may have against Inheritance World Ministries Inc. and its affiliates, volunteers, agents, employees, representatives, successors and assigns for any and all injuries, loss or damage suffered by me or my child or extended parties that arise out of this Inheritance World Ministries Inc. event.

I/We further agree that in the event that my child, myself or other related person should make any claim in the future against Inheritance World Ministries Inc, I/We will personally indemnify, defend and hold harmless Inheritance World Ministries Inc. and its affiliates, agents, employees, representatives, volunteers, successors and assigns against any and all loss and damage, including attorney’s fees, arising directly or indirectly from my child’s or my actions or incident/s.

**Consent to Treatment** *(to be completed regardless of age of Participant)*

By signing this form I/We, \_\_\_\_\_, as (circle one) **the Parent/s / the Guardian/s / Self** do hereby authorize the above-referenced Agent or acting as the Participant’s acting agent, and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or other emergency or other medical treatment and/or hospital care which is deemed advisable by, and is rendered under the general or special supervision of any licensed physician or surgeon; or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or emergency or other treatment to be rendered to the Participant by any licensed dentist. I/We further give authorization and consent for any Inheritance World Ministries staff person or their assigned persons to recommend, provide or to make decisions of medical assistance or importance or to aid in the care of myself or my child at their discretion and for which judgment/s or actions I/We will personally indemnify, defend and hold harmless.

It is understood that this authorization is given in advance of any condition which might occur necessitating treatment, but it is given to provide authority and power on the part of the Agent or assignee to give specific consent to any such examination, anesthetic, diagnosis, treatment or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable. It is also understood that since licensing standards vary between states and nations, the aforementioned surgeon, physician and/or dentist shall meet only those qualifications required for licensing in the state or nation where he/she practices.

**Participant or Parent’s/Guardian’s initials indicating that this page was read, understood** \_\_\_\_\_

I/We hereby in giving authorization and consent for any medical/dental treatment understand the risks and waive and release any and all rights and claims for damages, or loss that I, as myself, a parent, or my child may have against Inheritance World Ministries Inc. and its affiliates, volunteers, agents, employees, representatives, successors and assigns for any and all injuries, loss or damage suffered by me or my child or extended parties that arise from any attempt to bring or help provide care to either myself or my child.

I/We hereby authorize any hospital or medical facility which has provided treatment to the Participant to surrender physical custody of the Participant to the Agent upon completion of treatment.

I hereby agree to pay all costs of medical and dental care incurred by the Agent or facility on behalf of the Participant if said costs are in excess of those covered by any insurance provided to the Participant by the Sponsor Organization.

I/We hereby agree to allow Inheritance World Ministries Inc. to take, create, develop, post, list, own or publish any photographs, transcripts, writings or quotes of myself or my child as a participant of this trip and to use such photographs and my trip experiences to help in the promotion of the ministry.

I/We hereby understand that if any part of this agreement is found invalid that the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

**Consent to Travel Within and Outside the United States**

I/We as participant or Parent/s/Guardian/s do hereby authorize the Participant to travel within and outside the United States of America as set forth in the trip itinerary or training and authorize Agent to make all necessary travel itinerary or decisions on behalf of the participant.

I/We hereby have read and understand this entire agreement and by my/our signature agree to abide by the terms thereof.

**Effective dates:** Dates effective one full calendar year from date release is signed and dated!

\_\_\_\_\_  
Signature of Participant - Required                      Date

\_\_\_\_\_  
Signature of Parent/Guardian - Required                      Date

\_\_\_\_\_  
Signature of Parent/Guardian - Required                      Date

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
*Notary Stamp  
Here*

State of \_\_\_\_\_ County of \_\_\_\_\_

This instrument was acknowledged before me on this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_.

Notary Public, in and for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_