

On The Path-AGWM

Minor Information and Parental Consent/Release Form

This form is intended only for those attending a On The Path Trip who are under the age of 18.

Two of these consent/release forms are required; one must be an original, notarized form, the second can be a copy of that original. Team participants must give both to their team leaders (the copy gets mailed to ON The Path and the original goes with your team leader as you travel). Individual participants send the copy directly to On The Path and deliver the original to their ministry leader once arriving at their ministry site. It is also recommended that parents make photocopies for their own records. This information is required for the safety of all participants.

Church Name _____ Team Leader _____

Church City, State _____ Trip Attending And Dates _____

General Information

Minor's Name As It Appears On Their Passport _____

Date of Birth ____/____/____ Email Address (Required) _____

Minor's Address _____

City _____ State _____ Zip Code _____

Home Phone No. _____ Minor's Cell Phone No. _____

Father's Name _____ Mother's Name _____

Father's Work Phone No. _____ Mother's Work Phone No. _____

Does this child live with both parents? If no, please explain _____

Family Doctor _____ Dr. Phone No. _____

Insurance Company Covering Minor _____ Policy No _____

T-SHIRT SIZE (please circle): S M L XL 2X

You will receive a free On The Path shirt only if your registration form, \$25 registration fee, and consent/release form is received by ON The Path before **May 1, 2008**. The form must be complete and notarized to receive this offer, and custom trips and Spring Break trips are not eligible. T-shirts will be available for purchase for those who do not make the deadline.

Spiritual Information

Please describe your walk with God: _____

Why do you want to be a part of this missions trip? _____

Medical Questionnaire

- Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes_____ No_____ (if yes, please explain) _____
- Is your child allergic to any type of medication? Yes_____ No_____ (if yes, which one) _____
- Does your child medically require a special diet? Yes_____ No_____ (if yes, please explain) _____

- Does your child have (or has ever had) any of the following: (circle, and explain below)
Seizure disorders Asthma Heart murmur
Diabetes Hay Fever Kidney disease

- Does your child have any allergies other than medical? Yes_____ No_____ (if yes, please explain) _____

- Does your child ever sleep walk? Yes_____ No_____
- Can your child swim? Yes_____ No_____
- Does your child have any physical condition or illness which would prevent him/her from participating in normal rigorous activity? Yes_____ No_____ (if yes, please explain) _____

Medical Treatment Authorization

I (we) understand that I (we) will be notified in the case of a medical emergency involving my (our) child. However, in the event that I (we), or either of us, cannot be reached, I (we) authorize the calling of a doctor and the providing of necessary medical services in the event my (our) child is injured or becomes ill. I (we) authorize any adult leader participating on this trip or any Assemblies of God missionary to make emergency medical care decisions on behalf of my (our) child, if required by law or a health care provider. I (we) understand that the national AIM office, ON The Path-AGWM, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

I (we) agree to notify the church in the event of any health changes which would restrict my (our) child's participation in any activities. I (we) also understand that the adult church representatives reserve the right to restrict my (our) child from any activity that they do not feel is within the physical capabilities of my (our) child.

Father's Initial _____ **Date** _____ **Mother's Initial** _____ **Date** _____

Insurance Election

I (we) am (are) aware of the hazards and risks to my (our) child associated with serving in a missions capacity, as described above. I (we) further understand that On The Path-AGWM currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, that these coverages are subject to change, and that I (we) am (are) responsible for obtaining any additional insurance coverages that I (we) consider necessary:

- \$1,000,000 foreign liability insurance
- \$1,000,000 foreign contingent auto liability insurance
- \$1,000,000 employer's liability
- Foreign worker's compensation coverage
- \$10,000 per person accidental medical and sickness coverage
- \$200,000 per policy year medical assistance including:
 - Emergency medical evacuation -Medically supervised repatriation -Repatriation or mortal remains

Please check the appropriate box:

- I (we) do not desire any *additional* trip insurance coverage for my (our) child other than what On The Path-AGWM currently provides.
- I (we) do desire *additional* trip insurance coverage, and I (we) assume full responsibility for obtaining such coverage from a private insurance carrier at my (our) expense.

Father's Initial _____ **Date** _____ **Mother's Initial** _____ **Date** _____

Cancellation Policy

ON The Path-AGWM understands that cancellations are sometimes inevitable. For such circumstances, we have adopted this Cancellation Policy which applies to all registrants – individuals or teams – in order to ensure proper stewardship of the finances associated with missionary work. Full-time missionaries should not be burdened by expenses incurred from registrants who cancel their trips, and we request that registrants be mindful of this. We appreciate your understanding and cooperation as we steward the task that God has set before us.

Questions about this policy can be directed by email to staff@onthepath.info or by phone to 360-657-5541.

Cancellation Procedure

For accountability purposes, verbal cancellations will not be accepted. Cancellations must be sent by email. The cancellation will be considered effective according to the email timestamp. Notifications received after business hours or on weekends or holidays will be effective the next business day.

EMAIL: staff@onthepath.info

Registration Fees

Registration fees are non-refundable deposits to guarantee participation in a On The Path-AGWM trip. Cancellations will lose this deposit in all circumstances.

Airfare Fees

Because of the complexity of travel to some locations, we arrange air travel for certain individuals and teams. This service is billed in addition to registration and trip fees and is non-refundable. On The Path-AGWM is not responsible for airlines operations, and airline scheduling will not effect the terms of this Cancellation Policy.

Early Cancellations

An early cancellation is one that is effective before May 1 for trips scheduled in June, July, or August. Early cancellations will receive a refund of 100% of the trip price. The trip price does not include registration fee or airfare.

Cancellations after May 1st

Cancellation after is one that does not classify as an early cancellation but is effective 21 days before a trip scheduled in June, July, or August. These cancellations will receive a refund of 85% of the trip price. The trip price does not include registration fee or airfare. If there are expenses already spend on the trip that are not covered by the 15% cancellation fee they will be deducted as well.

Late Cancellations

A late cancellation is one that is effective on a date not more than twenty-one days prior to the start date of the trip. Late cancellations are rarely eligible for any refund, but are be evaluated on a case-by-case basis.

On The Path-AGWM
1445 N Boonville
Springfield MO, 65802
360-657-5541
www.onthepath.info
staff@onthepath.info

I have read and understand the cancellation policy.

Father's Initial _____ **Date** _____ **Mother's Initial** _____ **Date** _____

General and Travel Consent

I (we), the undersigned, being the parent(s) or legal guardian(s) of the child named above, do hereby consent to the participation of my (our) child in a ON The Path-AGWM AIM trip during 2008, including swimming, boating, hiking, sports events, and any other activities customarily associated with a ON The Path-AGWM, AIM trip. Further, I (we) certify that my (our) child is physically able to and adequately trained to participate in such events, including swimming.

I (we) do not authorize our child to participate in any of the following activities: _____

Father's Initial _____ **Date** _____ **Mother's Initial** _____ **Date** _____

If this trip is to a location outside of the United States of America, I (we) also authorize my (our) child to travel across the US border. *(only fill out if applicable to your trip)*

My child has permission to travel to _____ under the supervision of _____
Travel Destination Team Leader

Father's Initial _____ **Date** _____ **Mother's Initial** _____ **Date** _____

Assumption of Risk

I, _____ (name of volunteer), together with my parents, _____ (father) and _____ (mother), in consideration of my acceptance as a short-term volunteer with On The Path-AGWM and Ambassadors in Mission (AIM) of National Youth Ministries of the General Council of the Assemblies of God, represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of ON The Path-AGWM, AIM, National Youth Ministries of the Assemblies of God, or the General Council of the Assemblies of God.
2. We are aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my 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 myself or any member of my family associated with such risks, and any damage to my personal property. I also understand that I am responsible to only bring to the field what is necessary for me on this trip and these items may be lost or stolen. On The Path-AGWM is not liable for my belongings, and if I would like insurance for my luggage, I must be responsible to attain that myself. I further recognize that such risks have always been associated with missionary service. *2 Corinthians 11:23-28.*
3. We attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. Subject to insurance coverage described above, we waive and release any and all claims for damages which I, or my parents, heirs or successors, may have against AIM, National Youth Ministries 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 AIM trip, On The Path-AGWM, or any agent or employee of any of such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.
5. I expressly waive any defense to the enforcement of any provision 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.
6. We expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. We further state that **WE HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND WE VOLUNTARILY SIGN THIS RELEASE AS OUR OWN FREE ACT.**

Signature of Team Member

I hereby state that I have personally read and completed this ON The Path-AGWM Parental Consent/Release Form in its entirety, and I am responsible for what it entails. I specifically state that I agree with the Assumption of Risk form on the previous page.

Print Name (Child) _____

Signature _____ **Date** _____

Notarization

State of _____, County of _____
I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument. (Seal Or Stamp) _____

Dated..... Title Signature

My appointment expires

Signatures of Parents/Guardians

I hereby state that I have personally read and completed this On The Path-AGWM Parental Consent/Release Form in its entirety, and I am responsible for what it entails. I am also signing in agreement with the Assumption of Risk form on the previous page.

Print Name (Father) _____

Signature _____ **Date** _____

Notarization

State of _____, County of _____
I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument. (Seal Or Stamp)

Dated..... Title Signature

My appointment expires

I hereby state that I have personally read and completed this On The Path-AGWM Parental Consent/Release Form in its entirety, and I am responsible for what it entails. I am also signing in agreement with the Assumption of Risk form on the previous page.

Print Name (Mother) _____

Signature _____ **Date** _____

Notarization

State of _____, County of _____
I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument. (Seal Or Stamp)

Dated..... Title Signature

My appointment expires