Please return forms to
ZOE c/o Elena Ballam
700 Waterfield Ridge Place
Garner, NC 27529

Phone: 919-779-7272
Email: elena@wearezoe.org
www.wearezoe.org

Parental Consent Form

(Signatures from both parents are required. If one parent is deceased, please attach a death certificate.)

We, _____(parents/guardians), give our child _____ (name of youth), a minor of_____(address) permission to accompany a ZOE Ministry team to _____ (location) and participate as a member of the group. We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk, and responsibility.

We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or specific supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision, for our child, should the same become necessary because of illness or injury.

Now, therefore, in consideration of the permission extended to our child to accompany the mission team and participate in the mission trip, we do hereby for ourselves, our child, our heirs, executors and administrators, remise, release, and forever discharge the team leader(s)_____ (name/s), ZOE Ministry, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions, or causes of action of any kind including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip as well as all ground and flight travel incident to such trip.

It is our intention by this document to consent to our child's participation in the mission trip, to consent to allow _____ (name of adult on trip) to act in loco parentis for the duration of the mission trip, and to waive and forego all right of action of ourselves and our child against the parties herein before named.

Executed in the presence of: _____ Notary Public (seal) State of_____ Country of_____	_____ Parent/Guardian Signature _____ _____ Address _____ Parent/Guardian Signature _____ _____ Address