

**MINOR MEDICAL RELEASE AND DISCIPLINE FORM
BURN 24-7 MISSIONS**

DO NOT SIGN UNTIL IN PRESENCE OF NOTARY PUBLIC!

Participant's over 18 years old must sign this form in the presence of a Notary Public. If Participant is under 18, parental consent and signature is required. Without the signatures signed in the presence of a Notary Public this form is considered incomplete and we will not complete the processing of your mission trip.

CONSENT FOR MEDICAL TREATMENT; RELEASE AND HOLD-HARMLESS FOR TRAVEL.

1. Participant's Name: _____ Birth date: ____/____/____

Social Security #: _____ - _____ - _____

2. WHEREAS, I _____, wish to be a participant of BURN 24-7 missions.

3. Ministries participant group which will be traveling to and staying in _____ (country) and WHEREAS, certain circumstances may occur resulting in my need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment;

THEREFORE, in consideration of permission **from BURN 2 4-7** for myself to participate in said **group**,

4. I, _____, being of legal age, authorized BURN 24-7, Inc. to act on my behalf should I be unable to do so and to consent to **all** medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures which BURN 24-7 deems necessary for my medical well-being for the duration of the trip. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required and to the administration of any over the counter medications including but not limited to Tylenol, Advil, allergy medications, and is given to provide authorization and specific consent for medical/dental treatment and care in my behalf. Any consent by Burn 24-7 Inc. shall have the same force and effect if I had personally given the consent.

5. I certify I have personal health insurance, **including foreign countries, with non-territorial limitation, for the providing of medical services to me** which will provide coverage for me during the duration of said trip. I understand Burn 24-7 provides no health plan.

I hereby release BURN 24-7, Inc., its agents, servants, employees and assigns for any and all damages, liability or costs resulting from the authorizing of medical treatment on my behalf under the terms of this consent. I further hold BURN 24-7 harmless and agree to indemnify BURN 24-7 for any and all costs, damages or expenses incurred by BURN 24-7 as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. I understand that this release and indemnification releases treatment for the conduct of BURN 24-7 and its agents, servants, employees or assigns even if such conduct is negligent.

***Do not sign until in presence of Notary Public!**

Participant Signature _____ **Date** _____

(If the Participant is under age 18, parental release is required)

Parent Signature _____ **Date** _____

State of _____ . County of _____ . *The notary fills out (this section)*

Before me, the undersigned, a Notary Public in and for said county and state on _____, 20____, personally appeared the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year above written.

NOTARY STAMP

My commission expires: ____/____/____. Notary Public

HONOR CODE AND DICIPLINE AGREEMENT

HONOR CODE

Recognizing Jesus as the author and finisher of my faith, and the Word of God as the supreme standard for all wisdom and knowledge, it is my aim to develop myself accordingly, realizing that as I seek first His kingdom and righteousness, all these things will be added unto me. I realize that I have been crucified with Christ and that my life belongs to Him. It is my desire to develop myself as a servant and to seek opportunities to serve, realizing that love exalts and prefers others over self. I will endeavor to:

- . Follow the will of God for my life and to exemplify Christ-like character through daily personal prayer, consistent study of the Word of God, and faithful group worship.
- . Faithfully give heed to the call God has on my life, to develop the gifts and abilities that God has given me.
- . Bring glory and honor to the name of Jesus through my ministry and allow the love of the Spirit to flow through me.
- . Submit myself to the established leadership of BURN 24-7 and/or to any rules or regulations that may be adopted or changed from time to time. I realize that my participation as a member is a privilege and call from God, not a right. I purpose to give my best and to positively support the ministry of Burn 24-7.

DISCIPLINE AGREEMENT

The rules and regulations of BURN 24-7 are expressly designed to ensure the safety and well being of each team member and to maintain the high degree of Christian integrity required to minister effectively in a cross-cultural setting. The enforcement of all aspects of these rules and regulations are the responsibility of the Burn 24-7 staff, which includes Team Leaders. Enforcement shall occur in a manner, which **BURN 24-7** feels is in accordance with Christian principles and the stated purpose of the project. We expect full cooperation from members in disciplinary decisions made. The discipline committee reserves the right to send any team member home that shows disregard for the stated rules and regulations. The team member and/or his family are responsible for **any** cost involved in sending the team member home. These costs may include, but are not limited to, airfare, hotel room, and food for team member and chaperone.

***Do not sign until in presence of Notary Public!**

Participant Signature _____ **Date** _____

(If the Participant is under age 18, parental release is required)

Parent Signature _____ **Date** _____

State of _____, County of _____. *The notary fills out (this section)*
Before me, the undersigned, a Notary Public in and for said county and state on _____, 20____,
personally appeared the identical person who executed the within and foregoing instrument, and
acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses
and purposes therein set forth. Given under my hand and seal of office the day and year above written.
NOTARY STAMP

My commission expires: ___/___/____. Notary Public

PARENT'S INFORMATION:

Name _____ **Phone #** (____) _____
Address _____ **Phone #** (____) _____
City _____ **State or Province** _____ **Zip** _____

In case of an emergency where parents cannot be reached, contact:

Name _____ **Phone #** (____) _____
Address _____ **Phone #** (____) _____
City _____ **State or Province** _____ **Zip** _____