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**Policy Agreement, Permission, and Release of Liability for a Minor**

* ***Please complete each of the four gray blanks in the text with the appropriate information.***
* ***Print four completed, two-sided copies of the form, and have each copy notarized (required).***
* ***If on a team, please give 3 copies to your team leader 30 days before departure to the field.*** *The fourth copy* ***i****s for your own record.* ***Team leader****: For each team member, send one copy of this notarized form to ReachGlobal at the address below, 3 weeks prior to departure. Give one copy to your church leaders, and bring one copy with you to the field.*
* ***If going as an individual****, please send one copy to ReachGlobal at the address below, send one copy to your sending church, bring one copy to the field to give to the ReachGlobal staff or appointed host, and one copy is for your own records.*

 I/we do hereby grant permission for my son/daughter,       (name), to participate on a short-term mission in       (location), during these dates       , with the ReachGlobal team serving there, including but not limited to, foreign and domestic travel, ministry training, construction, outreach ministry, sightseeing, sports, recreation, and debriefing.

 I/we agree to abide by the policies and procedures as are deemed necessary, for my son/daughter’s management and safety, by the short-term mission leaders and/or supervisory personnel of and/or ReachGlobal. I realize that infraction of rules, misconduct, or culturally inappropriate behavior will result in my dismissal from the short-term mission. In the event that my son/daughter is dismissed, I/we agree that my son/daughter will return home immediately, entirely at my/our own expense. I/we understand that there will be no refund of the short-term mission package cost.

 I/we, of my/our own free will and under no duress whatsoever, do absolutely and unconditionally release EFCA, ReachGlobal,       (son/daughter’s church), their agents, employees, and volunteers from any liability whatsoever for any damage, loss, accident, hardship, injury, sickness, disease, or death that may be sustained by my son/daughter for any reason during his/her travel and service with ReachGlobal, or from any other cause, event or occurrence, including, but not limited to, natural disasters, animal attack, terrorist acts, war, civil disturbances, and alleged negligence. I/we acknowledge and accept that, in any travel and on any construction site, there is inherent risk, and that my son/daughter/I/we accept(s) that risk, and serve(s) entirely at his/her/my own risk.

 I/we fully understand and agree that ReachGlobal is opposed to the payment of ransom for the return of its members or their families who have been kidnapped for financial reasons, taken hostage for political reasons, or seized for any other purpose or reason. I/we agree to support the Crisis Management Team (CMT) appointed by ReachGlobal, should such an event occur, and further agree not to interfere with or bypass the crisis management process established by said CMT.

 Any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation, a division of Peacemaker® Ministries (complete text is available at [www.HisPeace.org](http://www.HisPeace.org)). Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

 I/we understand that ReachGlobal does not accept responsibility for any lost, damaged, or stolen personal property.

 Furthermore, ReachGlobal and its appointed short-term mission leaders, and/or personnel have my/our permission to authorize medical treatment, including administration of medication, anesthesia, emergency surgery, or hospitalization for my son/daughter as is deemed necessary by the aforementioned and the attending physician. I/we agree to assume complete financial responsibility for all medical bills incurred by my son/daughter/me, and agree to reimburse ReachGlobal fully for medical payment made on behalf of my son/daughter. My/our major medical insurance policy covers my son/daughter while he/she is abroad, or if not, he/she/I will purchase short-term medical insurance that will cover my son/daughter while serving on this short-term mission.

 I/we agree to assume total financial responsibility for my son/daughter to travel home immediately if it is necessary to dismiss my son/daughter from the short-term mission for either disciplinary or medical reasons.

 I do willingly affix my/our signature(s) in full and unreserved agreement with all of the aforementioned statements and agreements.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of parent or legal guardian (if team member is a minor) Date**

If issues of legal custody are involved, please attach explanation and documentation.

**Subscribed and sworn to before me on this \_\_\_\_\_\_ day of \_\_\_\_\_\_ 20\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of notary public My commission expires** S**eal of notary public**

**Emergency contacts for:** ­­­­­­­­­­­­­­­**­­­­­­­­­­­**

Address:

City:       State:       Zip:

Home phone:       Work phone:       Cell phone:

Email:

**If you need short-term medical**

**insurance we recommend:**

**Gallagher Charitable International**

**Insurance Services**

1-803-758-1400

<http://www.aaintl.com/>

Or **Insurance Services of America**

1-800-647-4589

<http://www.missionaryhealth.net/shortterm/>

Or **Your Travel Agent**

**Health Insurance Company that will cover you**

**during your Short-term mission experience:**

Company name:

Policy:       Account:

**Primary emergency contact:**

Relationship to team member/leader:

Address:

City:       State:       Zip:

Home phone:       Work phone:       Cell phone:

Work hours:       Email:

**Alternate emergency contact:**

Relationship to team member/leader:

Address:

City:       State:       Zip:

Home phone:       Work phone:       Cell phone:

Work hours:       Email:

**Pastoral contact:**

Relationship to team member/leader:

Address:

City:       State:       Zip:

Home phone:       Work phone:       Cell phone:

Work hours:       Email: