

Waiver Form

I _____ hereby release Hands of Love of any responsibility for fees, medical costs, flight costs, or any other financial responsibility involved in my care in the event that I am injured, ill, and/or needing to return to my home country under special conditions. I accept all responsibility for any of the above named costs involved in my care.

Signature _____ Date _____

PERMISSION FORM

Applicable to anyone under the age of 18

Hands of Love will not be responsible for any child under 18 years of age. Anyone under age eighteen must have parents/guardians sign the form below stating who will be their guardian during their time on the missions trip with Hands of Love.

_____ is _____ year of age and desiring to serve on the team going to Bolivia with Hands of Love. I hereby appoint _____ who is his/her _____ (relation) to be responsible for him/her during the time he/she is out of the country and accompany him/her to his/her home upon return. I will not hold Hands of Love responsible for any inappropriate actions, any injuries, and any problems that occur during said trip. The above stated person has my permission to care for my child in any way needed and will be responsible for them in every way.

Parent _____ Date _____

Assigned Guardian _____ Date _____

Parents: Please sign this form even if you are the one accompanying your child.

Notification Slip

I give permission to a team leader to call and notify my family member or relative listed below in case of emergency and I am unable to do so.

Signature_____

Family Member: *Mother Father Wife Husband Son Daughter Relative*

Name_____

Address:_____

Phone: Home_____ Cell_____ Work_____

Notification Slip

I give permission to a team leader to call and notify my family member or relative listed below in case of emergency and I am unable to do so.

Signature_____

Family Member: *Mother Father Wife Husband Son Daughter Relative*

Name_____

Address:_____

Phone: Home_____ Cell_____ Work_____

