

Medical/Liability Consent Policy:

This consent form gives permission to seek the medical attention deemed necessary, and releases Hunger House International and its staff of any liability against personal losses of named persons.

I/We understand that there are inherent risks involved in any ministry event, and I/we hereby release Hunger House International, its pastors, employees, and volunteer workers from any and all liability in case of death, loss, injury, or damage to person or property that may occur during the course of named persons trip. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Hunger House International, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided is accurate at this date and will, to the best of my/our knowledge, still be in force for the person named below. I/we also agree to bring named persons home at my/our own expense should they become ill or if deemed necessary by staff of Hunger House International.

In addition, the staff of Hunger House International reserves the right to send said persons home prematurely at the expense of named persons if individual were to act inappropriately with a child, staff member, or volunteer.

(Signature of Adult or Guardian of Child under age 18)

Printed Name of Individual Attending Trip
