

MIA PERMISSION AND LIABILITY WAVER FOR A MINOR

l,	(Name of parent/guardian), on behalf of
on a m	(Name of the minor) for whom I am legally responsible, accept nditions and risks outlined in this release and consent to their participation as a participant ission trip with Mission Impact Alliance to(Destination of epresent and agree that:
1.	I am legally responsible for the above identified minor (participant)
2.	I am aware of the potential hazards and risks to the participant and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, injury or death by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies (in remote locations), criminal activity, and random acts of violence. I accept these risks recognizing that MIA would not be able to offer the opportunity for missions service without a release such as this. With respect to Mission Impact Alliance and its agents, volunteers, officers, directors, and employees, I assume all risks of death, injury, and illness associated with such risks on behalf of the participant, and any damage to their personal property, and I release MIA and its agents, officers, directors, and employees from any liability that the participant may suffer as a result of participation in the mission project. I further acknowledge that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)
3.	I attest and certify that the participant has no known medical conditions that would
4	prevent them from participating. I give permission for my child to be photographed, and/or recorded, with video and/or
	sound, for promoting Mission Impact Alliance and its activities, and/or for creating an audio or video product of the trip for sale.
5.	I understand that my child is going on this trip at least in part for the spiritual blessings of serving as God asks.
6.	I further understand that MIA does not have or offer any insurance coverage that would apply in the event of illness, injury or death, or damage to property that may occur during participation on the trip, and that if I desire insurance coverage I am responsible for the cost of arrangements for such insurance. I understand that travel insurance may or may not be provided for the trip, and it is my responsibility to find out if travel insurance is
7.	provided. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that I have carefully read foregoing assumption of risk and understand its contents, and I voluntarily sign this release as my own free act. I also understand that this is a legal document and I have the right to consult with an attorney before signing it.
Parent	's signatureDate
State o	ofCountry of
Sworn	to and subscribed to me this Day of, 2
Notary	Public signature: My commission expires: