

Consent for Medical Treatment and Hold Harmless Agreement

I, _____, release Partners in Missions, International and its officers, from any and all damages, injuries, lost items, medical needs, or any other matters before, during and after my mission project with Partners in Missions, International.

I understand that neither myself nor my heirs nor any other interested parties may hold Partners in Missions, International and/or its officers, responsible for any personal or material damages.

Furthermore, I agree for Partners in Missions, International to act on my behalf in the event of a medical emergency. In the event of such an emergency, I understand that Partners in Missions, International will notify the noted emergency contact as soon as possible.

Signed _____

Printed Name _____

Date _____

(This form must be notarized before returning to Partners in Missions, International)

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, _____

Signature of Notary Public

My Commission expires: _____