

Minor Authorization and Release Form for IMAHelps Mission

Child's Full Name: _____

Age: _____

Parent/Legal Guardian Name: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Mission Dates: _____

Mission Location: _____

I, the undersigned parent/legal guardian, give permission for my child to participate in the IMAHelps mission. I understand that this involves traveling to a location outside of our home country and that my child may be involved in activities during the mission that may involve some degree of risk, such as being in a hospital environment or traveling to and from mission sites. I also understand that my child will be under the supervision of John Darr during the duration of the mission.

In the event of a medical emergency, I authorize the John Darr and the IMAHelps team to seek necessary medical attention for my child.

I understand that I am responsible for any and all expenses incurred as a result of any medical treatment that may be required for my child during the mission.

I also acknowledge that I have read and understood the IMAHelps Code of Conduct, Liability Waiver, Whistleblower Policy, and Photo Release Waiver, and I agree to abide by these standards while my child participates in the mission.

Parent/Legal Guardian Signature: _____

Date: _____