

Hold Harmless Agreement

Proposed Activity: Potomac District AIM Missions Trip to _____

Applicant under 18 yrs.	Full Legal Name of Parent: _____ I am the <input type="checkbox"/> adult natural parent <input type="checkbox"/> legal guardian
	Full Legal Name of Parent: _____ I am the <input type="checkbox"/> adult natural parent <input type="checkbox"/> legal guardian with full sole-legal custody of (Child's Full Name): _____
Applicant over 18 yrs.	(hereinafter referred to as "Participant") a minor of _____ years, and _____ months of age, and do hereby give my/our permission for this student to be in the country of _____ for the dates of _____ and agree to the following:
	I, _____ (hereinafter referred to as "Participant") agree to the following:

SECOND: Participation Disclosures and Waivers

Participant and Potomac District AIM (hereinafter referred to as "PYM AIM") understand and agree that there are a number of various programs undertaken in affiliation with PYM AIM involving activities and individuals that are often not under direct control or supervision of PYM AIM, and that there is an overriding policy that each participant involved in these programs does so at their own risk of personal injury or damage to property; and, Participant desires to take part in the activity mentioned herein above, and fully understands and agrees that such activity might involve sports activities, travel or contacts with other individuals or groups, and that PYM AIM has limited or no control over other individuals involved in such activity; and that there is always the risk of physical injury, illness, and other loss, and possible costs or expenses for medical or dental diagnostic and curative treatments, and general and special damages for incidental loss or expense; and, in these premises, Participant does for himself/herself, and for and on behalf of said Participant and his or her family, representatives and heirs, assume the risk of responsibility or sort of loss or injury of or to person or property of any description in the regard, and in an inducement to PYM AIM and its agents to allow the undersigned and Participant to participate in such activity, does hereby agree to hold harmless PYM AIM and its agents from all these things in event any such claim should arise. PYM AIM does not act as an insurer, guardian, guarantor or warrantor of health or safety of any one involved in such activity.

THIRD: Disclosure of Special Medical or Other Requirements

The undersigned further represents that the Participant suffers from no disability or disease, and has no special requirements for care, supervision or medication, other than those listed on the Consent for Medical Treatment Form.

FOURTH: Medical Authorization

In the event it should become necessary, whether in emergency or otherwise, where the said Participant cannot act for himself or herself, consent is hereby given for PYM AIM through its adult individuals serving as its agents to arrange for and consent to x-ray examinations, anesthesia, dental, medical or surgical diagnosis and/or treatment and hospital care, for said Participant, on behalf of Participant; and, in such event, Participant agrees to assume and pay all costs, charges, fees and expenses incurred in the premises, and to hold harmless PYM AIM therefrom. Participant represents and agrees that he or she already has or will provide insurance coverage or payment of such things, at Participant's own expense.

FIFTH: Discipline

Participant for himself/herself hereby submits to and agrees to abide by all rules and regulations, supervision and discipline set and applied by PYM AIM or its agents, and it is agreed that for violation of such rules and regulations, supervision or discipline, the participation in the said activity may then be immediately terminated, without liability on PYM AIM or its agents. In the event that participant has violated any rules, regulations, or supervision, participant may be sent home. In this case participant and/or legal guardian are responsible for paying any additional expenses incurred.

AIM Financial and Conduct Commitment::

Failure to meet these deadlines may result in forfeiture of trip and funds and/or additional charges for travel fines, airfare or housing reservations. Trip charges are based on Fall 2011 prices and are subject to change.

Refunds: Due to IRS stipulations, application fees and contributions are **not refundable**. If you cancel your trip or are not accepted for any reason your AIM contribution will not be refunded. If you cancel after airline tickets have been purchased you are responsible to cover their cost.

Tax Deduction: The AIMer should ask all donors who contribute to their trip to **make checks out to the AIMers local church** (because the IRS stipulates that to receive a tax deduction, the donor must release control of the money donated to the nonprofit organization, i.e. the AIM local church.) The church will provide the donor with a tax deductible receipt. The AIMer's church should then make out a check to "PYM" for the designated trip and the church will receive "World Ministries Giving Credit" for that contribution.

AIM Guidelines: AIM regulates conduct, dress and Christian lifestyle. These are explained in the manual sent to accepted applicants. Team members, leaders and staff adhere strictly to these policies and are subject to dismissal for disobedience, without refund or reimbursement.

Consent for Medical Treatment

Mandated Notarized Form

Whereas (**my child / I**), the above stated, wish(es) to be a member of a Potomac District Ambassadors In Mission team which will be traveling to and staying in _____ for the dates of _____, and whereas, certain circumstances and situations may occur resulting in (my child's/ my) need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment;

Therefore,

- In consideration of permission for (my child/myself) to participate in said mission, I, being of legal age (or legal guardian to above minor), authorize Potomac District AIM or any agent of Potomac District AIM, to act in (my child's/ my) behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for (my child's/my) medical well-being for the duration of the mission trip.
- This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in (my child's/ my) behalf.
- Any consent by Potomac District AIM shall have the same force and effect as if I had personally given the consent.
- I certify that I have personal health insurance with the following company: Company Name _____
- I certify that this policy has no territorial limitation, including foreign countries, which will provide coverage for (my child/ me) during the duration of said mission trip. I understand that no health plan is provided by Potomac District AIM.
- I am aware that no matter what type of insurance I carry, **I must pay for treatment (if needed) and medication at the time of service while in _____**. I am prepared to make such payment if necessary. I understand that Potomac District AIM will not pay for any medical treatment I may require. I also understand that upon return to the U.S. I may then file for medical reimbursement from my insurance carrier for said treatment.
- I am aware that serious illness, requiring return by air ambulance could cost more than \$10,000. I agree that I am solely responsible for any expense that may arise from (my child's/ my) return by air ambulance or other extraordinary means.
- I hereby release and hold harmless Potomac District AIM, its officers, employees, and representatives/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of (my child's/ my) participation in this trip.

Health Insurance::

You must have Primary Health Insurance for the duration of this trip. Even if you are currently covered, you need to contact your insurance company and be sure they cover you while overseas. If you do not currently have Health coverage, you must purchase a temporary coverage for the dates of your trip. Temporary coverage can be obtained through any major Insurance company, by calling (800) 937-1387 or visiting www.travelinsure.com

- I am covered by a Health Insurance and have called to confirm that the coverage extends while I am overseas.
- I do not currently have Health Insurance, but will obtain coverage for the dates of the trip.

STUDENTS under 18: If you are under custody of both parents, we need both parents' signatures. If not, we need the signature of your LEGAL guardian.

Applicant's Signature: <small>(if applicant is 18 years or older):</small>	Date:
Parent / Legal Guardian's Signature: <small>(if applicant is under 18 years of age):</small>	Date:
Parent / Legal Guardian's Signature: <small>(if applicant is under 18 years of age):</small>	Date:

STATE OF _____ SS
 COUNTY OF _____ On this ____ day of _____, 20__

before me, _____,
 a Notary Public in and for said state personally appeared _____,

known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

My commission expires: _____

Medical History Form

Please fill in all information on this page so that we may be aware of any health issues you might encounter during this mission trip.

TYPE OF IMMUNIZATION		DRUG PRECAUTIONS	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mumps / Measles / Rubella	Have you ever been prescribed or are you currently taking a long-term Antibiotic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Polio	Have you ever been prescribed or are you currently taking Ritalin or a similar drug?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis	Have you ever been prescribed or are you currently taking an Anti-Depressant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Chicken Pox		
Date	TETANUS (must have the date)		

Have you ever been treated by a doctor for any of the following?

TYPE	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE / EXPLAIN
Allergic Reactions (food, medicines, bee stings, insects, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asthma or chronic wheezing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chronic cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes or Hypoglycemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emphysema or Lung/Respiratory problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Epilepsy or Seizure disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fainting spells, dizziness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Kidney problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental Health counseling or Psychiatric treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Migraine Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Skin Disorder (other than acne)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alcohol or Drug Abuse Counseling Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eating Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently taking prescription medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently under Physicians care for illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Health Information::

Physical Health: Excellent Good Fair Poor **Emotional Health:** Excellent Good Fair Poor

Current Health Problems (Not Listed Above)

Team members, leaders and staff serve at their own risk. PYM is not liable in the event of sickness, accident, death or terrorist acts. The AIMER's experience includes intense physical activity including continuous walking, carrying supplies and strenuous choreography. If any of the above are checked or if there are any medical conditions where prescription medications are taken we require the form below to be signed.

DOCTOR'S RELEASE

I have reviewed this patient's Medical History, and I have performed a physical exam. I find him/her to be in suitable condition for international travel and for participation in high intensity activities for the period of the trip.

Physician's Signature:

Date:

Office Phone #:

Awareness Form

We at the Potomac District AIM Office want you to feel confident about the safety and security of your young person while on an AIM trip. We understand your concerns and hope that you will read the Training Manual provided to your young person.

Our leadership breakdown begins with Trip Leaders. AIM Trip Leaders are selected by the AIM Director and hold, or are pursuing, credentials with the Assemblies of God denomination. They are responsible for the teams throughout the missions trip. Team Leaders handle the daily schedule, discipline, and spiritual environment for the team. In addition, youth pastors and their adult leaders are accountable for their individual teams and leadership appointed by their church. All leaders are 21 years of age or older and are responsible for establishing relationships and watching out for your young person.

If you would like to speak with the AIM Director, regarding the leadership for a specific trip, feel free to call our office and we will assist you (703) 753-0300.

AWARENESS SIGNATURES

I/We have read the following pages in the AIM Training Manual and support AIMers' decision to enforce these policies.

- | | | | |
|------------------------------|-----------------------------|-----------------------------|----------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | General Info & Things to Do | Page 4-5 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rules | Page 6 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dress Code | Page 7 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Packing List | Page 8 |

AIM Manuals will be mailed separately at the time of your acceptance notice

Yes No

Please initial

I/We understand that attendance to the PYM AIM Orientation/Training Seminar on Saturday, MAY 16th is MANDATORY or my child will be released without refund.

*Your student will **not** be given their ministry location, contact phone number, flight information, etc. until the PYM AIM Orientation - please **DO NOT** call our office before this date for detailed information.*

Applicant's Signature: <small>(if applicant is 18 years or older):</small>	Date:
Parent / Legal Guardian's Signature: <small>(if applicant is under 18 years of age):</small>	Date:
Parent / Legal Guardian's Signature: <small>(if applicant is under 18 years of age):</small>	Date: