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**YOUTH VOLUNTEER  
 CONSENT/MEDICAL CARE—AUTHORIZATION and RELEASE**

**YOUTH VOLUNTEER NAME (print full legal name)** \_\_\_\_\_

I, the undersigned, hereby affirm to Hinton Rural Life Center, Inc. (hereinafter Hinton) that I have legal custody or guardianship of the above-named minor who is under the age of 18.

**CONSENT/AUTHORIZATION FOR MEDICAL CARE**

I hereby consent for the above-named minor to attend and participate in the 2017 mission trip to Hinton, located in Hayesville, N.C., sponsored by (*name of group sponsor*) \_\_\_\_\_, and that Hinton may photograph and videotape the minor participating in mission trip activities and thereafter use such in promotional materials.

In the event of a medical emergency befalling the minor during the mission trip, I hereby authorize Hinton, its officers, employees, and agents to select a medical facility/physician/dentist and to cause the minor to be transported to same, and in the event that I cannot be reached, to consent to medical/dental treatment as recommended by the physician/dentist including but not limited to administration of anesthesia, diagnostic medical procedures and testing, performance of operations, and other actions, but not including withdrawing or withholding life support.

**Printed Name(s) of Parent/Guardian** \_\_\_\_\_ **Phone number** \_\_\_\_\_

\_\_\_\_\_ **Phone number** \_\_\_\_\_

**RELEASE**

I acknowledge that the minor will be participating in mission activities including but not limited to: traveling in vehicles; home repair and rehabilitation (such as general carpentry, use of electric powered tools and hand tools, painting, climbing ladders with and without supplies, working in high places, and other construction related activities); recreational activities (such as swimming, team and individual sports, etc.); residing in Hinton facilities; dining at Hinton facilities.

I acknowledge that we, and the minor, have read and understand the contents of the Hinton Mission Experience Rules, Regulations, and Guidelines and Medical Information, and that copies of same have been provided to me/us by the mission trip group sponsor.

I acknowledge that Hinton does not provide any medical insurance coverage for mission trip participants and that I/We are fully responsible for medical insurance/medical care payment for the minor.

I acknowledge that Hinton is a nonprofit entity which provides facilities and mission work opportunities for religious and charitable purposes.

THEREFORE, in consideration of Hinton providing facilities and mission work opportunities for the minor, I/We hereby freely and voluntarily, on behalf of myself/us and the minor named above, and all successors and assigns of all of the above, RELEASE and HOLD HARMLESS Hinton Rural Life Center, Inc., its officers, directors, employees, and agents from any and all liability, legal claims of any nature: which may arise during or after the mission trip and/or which are in any way associated with, arising from, or connected with the mission trip; including but not limited to bodily injury, medical expenses, and death.

**Signature(s) of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

**Witness:**

**Signature of Group Sponsor Representative** \_\_\_\_\_ **Date** \_\_\_\_\_