

This portion must be filled out in front of and signed by a Notary Public:

STATE OF:

COUNTY OF:

Before me, the undersigned, a Notary Public in and for said county and state on _____, 20____, personally appeared to me _____, known to be the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth.

Given under my hand and seal of office the day and year above written.

Notary Public

(SEAL)

My Commission Expires: _____

**GENERATION NOW INC.
ANSWERING THE CRIES OUTREACH**

CONSENT FOR MEDICAL TREATMENT/RELEASE AND HOLD HARMLESS FOR TRAVEL

WHEREAS, my minor son/daughter wishes to be a member of a Generation Now Inc. outreach which will be traveling to and staying in _____, and,
(location/city of outreach)

WHEREAS, certain circumstances and situations may occur resulting in his/her need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment.

THEREFORE,

1. In consideration of permission to participate in said mission, I, _____, the parent/legal guardian of _____, in consideration of permission to participate in said outreach, authorize _____, or the person acting in

(Leader's Name)

his/her place to act in my behalf should he/she be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic tests, x-ray examination anesthesia, surgery or other procedures which may be deemed necessary to my medical well-being for the duration of this outreach.

2. 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 or care in my son's/daughter's behalf.
3. Any consent by the person named above or the person acting in his/her place, shall have the same force and effect as if I had personally given the consent.
4. I certify that _____ has personal health insurance with:

(Company)

(Policy Number)

with no territorial limitation which will provide coverage during the duration of the said outreach.

5. I am aware that serious illness, requiring return by air ambulance could cost more than \$10,000 and that coverage for this type of service is would not be covered by Generation Now Inc. I agree that I am solely responsible for any expenses that may arise from my return by air ambulance, plane, bus, or other extraordinary means.

6. I hereby release and hold harmless Generation Now Inc., Answering the Cries Outreach, its officers, board members, employees and volunteers from any liability for personal injury, including death, arising out of their negligent acts or omissions as a result of medical/ dental treatment given pursuant to this consent, and from liability for personal injury, including death, as well as all property damage or loss, arising out of their negligent acts or omissions connected with _____'s participation in this trip.

Parent/Legal Guardian Signature

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COUNTY OF:

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