



Memorandum of Understanding

I, _____ freely choose to allow my child, _____ to participate in a Children's HopeChest short-term mission trip to the nation of _____, in the year 20___. **I certify and represent, that I am either the sole legal guardian of my said child or that I have sufficient legal custodial rights that I can authorize this trip without consent from any other person or court.**

Initial _____

Release of Liability

I hereby release and waive any claim against Children's HopeChest, Inc., its officers, directors, agents, volunteers and employees, regardless of the capacity in which they act, as well as the church/business which has organized the subject trip and its officers, directors, agents and employees, from each and every claim, lawsuit, cause of action, demand or liability which may arise from my child's participation in this trip. This includes, but is not limited to, instance of sickness, injury, or death that may occur on or related to this trip. I fully understand that there are numerous travel-related hazards in visiting underdeveloped and/or socially unstable countries and I fully and knowingly assuming these risks, including but not limited to hazardous traffic and transportation, dangers resulting from military actions, political unrest, natural disasters, unsanitary conditions, sickness and/or disease. I am aware there are many unknown risks associated with this trip. I agree that if I do not completely understand the operation of this release, I will obtain legal advice before signing this.

Initial _____

Permission to Make Medical Decisions

I have read and signed the Special Power of Attorney which is part of the application materials for this trip. Consistent with that Power, I hereby authorize the designated trip leader to make decisions respecting any necessary medical and/or dental treatment on my behalf. I understand that Children's HopeChest, Inc., will make reasonable attempts to consult me in advance, using the contact telephone numbers I have provided in these Application materials, but that if I am unavailable to give consent or do not return the call immediately, such decisions will be made notwithstanding. This authorization includes but is not limited to CPR, diagnostic tests, x-ray examinations, anesthesia, or other procedures which may be deemed necessary to my medical well-being. I understand that Children's HopeChest, Inc., and all leaders, individuals and organizations associated with this trip will not be responsible for any and all medical/dental bills incurred related to this trip, and that I will be solely responsible to the extent that insurance does not cover.

Initial _____

Permission to Travel

I have given full permission for my minor child, _____, to travel internationally without being accompanied by his or her parent. I understand that problems may arise regarding entering a foreign country, and I assume these risks, including responsibility for financial re-imbusement to Children's HopeChest, Inc. If for any reason my child is unable to enter a foreign country as a minor, unaccompanied by an adult, I will be fully responsible for the financial requirements of my child being escorted home.

Initial _____

Agreement of Understanding

I understand that at any time, the trip leader has the authority to send my child back to the United States at my expense.

Initial _____

I understand and will comply with the payment policy associated with this trip to the nation of _____.

Initial _____

I understand that this document includes a full and complete waiver of all possible claims, including but not limited to claims of negligence in personal injury or property loss and/or damage including but not limited to loss of luggage and stolen or lost property.

Initial _____

I understand that the Release and Hold Harmless Agreement which is part of my application materials contains a provision specifying that all disputes between the undersigned and Children's HopeChest, Inc., are to be resolved by faith-based mediation or arbitration conducted by Peacemaker Ministries, a neutral faith-based dispute resolution agency, and therefore that I may not initiate a court proceeding.

This Memorandum of Understand is governed by Colorado law.

Date: _____

Name: _____ Signature: _____



Special Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS:

That I, _____, parent of my minor child
_____, residing at

_____ do make, constitute and appoint _____
my due and lawful attorney in fact, in my name, place, and stead to make certain decisions for the welfare
and safety of my minor child named above, during the trip that my child is taking with (name of
church/business) _____

to the following nation: _____ during the year 20____.

The authority includes but is not limited to the right to allow my child to travel internationally, to make
medical decisions necessary for my child, to sign all necessary legal documents for me, retain any
necessary attorneys or agents in the aforementioned country(ies), to obtain any necessary passports,
visas, travel documents, or make any travel arrangements for my child's travel.

I grant and give unto said attorney in fact full authority and power to do and perform any and all acts
necessary or incident to the performance and execution of the power herein expressly granted, with
power to do and perform all acts authorized hereby, as full to all intents and purposes as the grantor
might or could do if personally present with full power of substitution.

I warrant that, under the laws of the state in which I reside, I have legal authority to execute this Power of
Attorney without the signature or other consent of any other person or agency.

This Special Power of Attorney shall expire without need of further action, and be void and of no further
effect, ninety (90) days from the date of my signature below.

In testimony, whereof, I have hereunto set my hand this _____ day of _____, 20____.

Name: _____

Signature: _____

Witness: _____

Place of Execution: _____