

**SUBMIT THIS FORM WITH APPLICATION TO PC3 OFFICE**

**Port City Community Church  
Short Term Mission Application Addendum**

**Release and Consent Minor Traveling Alone – No Parent Present**

(this form must be completed and notarized for all participants under 18 years of age)

Minor’s Name: \_\_\_\_\_

Minor’s Parent or Legal Guardian’s Name: \_\_\_\_\_

Port City Community Church, a Nonprofit Religious Organization (“PC3”), has organized a mission trip to (Place) \_\_\_\_\_ from (Dates) \_\_\_\_\_ through \_\_\_\_\_ (the “Event”).

Minor has been accepted for participation as an unaccompanied participant in the Event (without an accompanying parent or other responsible adult). Subject to each of the following provisions, I, the Minor’s parent or legal guardian, being of legal age, hereby consent that Minor may participate in the Event. The term “Event” encompasses every activity which shall occur from Minor’s arrival at the designated location for the Event to the time of Minor’s departure from the Event. I understand that PC3 would not admit Minor to the Event in the absence of execution of this General Release.

Release of Liability. I understand and appreciate fully the risks inherent in the Event and in travel, generally. I have expressly explained those risks to Minor, and I am satisfied that he/she fully understands and appreciates the risks and is capable of participating in the Event, that he will do so in a safe and responsible manner without my supervision, and that he will comply with all safety guidelines established by PC3. I fully and forever release, discharge and acquit PC3 and their directors, officers, employees and agents, and their heirs, executors, administrators and assigns (the “Released Persons”), from any and all rights, claims, actions, demands, costs and expenses that I or Minor may have or have a right to assert, arising out of or in connection with the Event, including but not limited to damages for death or personal injuries to me or Minor. Without intending to limit the generality of the foregoing waiver, I expressly waive any claim against the Released Persons for any personal injury or property damage which either I or Minor may sustain as a result of any activity during the Event.

Consent for Medical Treatment. I authorize PC3 to provide Minor with 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 for Minor’s well-being during the duration of the Event. I agree that I am solely responsible to pay for any expenses that may arise from such medical care.

This Release and consent shall remain in full force and effect until the end of the Event.

Signature of Minor’s Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be notarized.**

State of \_\_\_\_\_,

County of \_\_\_\_\_.

Before me, the undersigned, a Notary Public in and for said County and State of

\_\_\_\_\_.

\_\_\_\_\_, 200\_\_, personally appeared the identical person who executed the within and forgoing 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:

My commission expires: \_\_\_\_\_

Notary Public Stamp