

MEMORANDUM OF UNDERSTANDING

I, _____, of _____,
_____, Pennsylvania, being at least eighteen (18) years of
age, hereby acknowledge that my participation in the Christian Life Assembly Program/Activity,
known as _____, or my
participation in a foreign mission's trip to _____,
is subject to the following terms and conditions:

FIRST - WAIVER

There are a number of programs undertaken in affiliation with Christian Life Assembly ("CLA") that are not under the direct control or supervision of CLA. I understand that CLA does not act as an insurer, guardian, guarantor, or warrantor of the health and safety of anyone involved in these activities. The programs or activities may involve sporting activities, travel, or contact with other individuals or groups over which CLA has limited or no control. Participation in such programs or activities includes the risk of physical injury, illness, costs of medical or dental diagnostic and curative treatment, as well as general damages and special damages, including property damages. I hereby assume the risk with respect to any injury, illness, costs or expenses or damages suffered by me by reason of my participation in the program or activity. On behalf of myself, my representatives, my heirs, and all others howsoever interested, I hereby acknowledge that I am solely responsible for the payment of all costs for medical treatment, including dental treatment, whether diagnostic or curative, for any injuries or illness suffered by me while participating in this activity. I, on behalf of myself, my representatives and my heirs hereby waive any right to file or pursue any claim against CLA for the recovery of any of these costs or expenses. This waiver is equally applicable to claims for property loss.

SECOND - DISCLOSURE

I further represent to Christian Life Assembly Church that I do not suffer from any disability or disease, and I have no special requirements for care, supervision or medication, other than those listed on the Consent for Medical Treatment Form which is attached hereto.

THIRD – MEDICAL AUTHORIZATION

In the event that it should become necessary for me to need medical treatment and I am unable to consent to that treatment because of my incapacity to understand the nature of the injury and/or appreciate the seriousness of the need for treatment, I hereby consent to allow CLA, its employees, agents, or adult individuals acting on behalf of CLA during this program/activity or foreign missions trip, to arrange for and consent to medical treatment on my behalf. This consent includes, but is not limited to x-ray examinations, administration of anesthesia, dental, medical or surgical diagnosis and/or treatment, including hospital care for myself. Although CLA would be the entity consenting to and authorizing such medical treatment, it is my understanding and I agree to provide for my own health insurance as a primary payer of any medical treatment under this paragraph. I understand that CLA does provide secondary medical coverage for participants who are either injured or contract an illness while on a foreign missions trip, but this coverage is secondary and only applies if the participant has their own medical insurance coverage.

FOURTH - DISCIPLINE

I hereby agree to submit to and abide by all the rules and regulations, supervision and discipline, which will be the sole responsibility of Christian Life Assembly or Frequency Youth Missions or its agents, and I hereby agree that in the event I should violate such rules and regulation, supervision or discipline, my participation in this Program/Activity/Missions Trip may then be immediately terminated, without liability on CLA or its agents.

FIFTH - VOLUNTEER

I hereby acknowledge that I am attending this Program/Activity/Missions Trip as a volunteer and hereby acknowledge that I am not an employee of CLA.

SIXTH - WAIVER

I hereby waive any and all claims for damages which I, or my heirs or successors, may have against CLA, the General Council of the Assemblies of God, or any District Council of the Assemblies of God arising from my death, injury, illness or any property damage or loss occurring during the term of my assignment or as a result of my assignment as a volunteer.

SEVENTH - KIDNAPPING

I hereby understand and accept the following policy of the Division of Foreign Missions regarding ransom payments:

“The Foreign Missions Board has determined that it will not pay ransom or yield to the demands of anyone who takes hostage one of our staff or volunteers. The Division of Foreign Missions pledges itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage should it ever occur. This policy was made after sufficient study of the policies of other evangelical missionary societies and after considering the advice of the United States State Department.”

IN WITNESS WHEREOF, I hereby place my hand and signature this ____ day of _____, 20____.

WITNESS

PARTICIPANT

DATE

Consent For Medical Treatment

(Continued)

Further, I certify that I/my child is physically fit and adequately trained to participate on a CLA/FYM trip. I have contacted either our public health department or a travel clinic, and our local physical regarding vaccinations, immunizations, and other precautions for the prevention of disease. In addition, I have read the recommendations from CLA/FYM and the Center for Disease Control. I certify that I/my child has followed and is following all procedures (shots, serums, medications, etc.) recommended by our local physician and the above agencies.

Medical Questionnaire

- Are you/your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes _____ No _____ (If yes, please explain.)

- Are you/your child allergic to any type of medications? Yes _____ No _____ (If yes, please explain.)

- Do you/your child have any allergies other than medical? Yes _____ No _____ (If yes, please explain.)

- Do you/your child ever sleep walk? Yes _____ No _____

- Can you/your child swim? Yes _____ No _____

- Do you/your child have any physical condition or illness that would prevent you from participation in rigorous activity? Yes _____ No _____ (If yes, please explain.)

If you answered YES to the above question, a written release must be submitted by your local physician authorizing you or your child to participate in the CLA/FYM activity.

Family Physician _____ Physician's Work Phone _____

CLA/FYM TRIP FORMS

(TRAVEL CONSENT, DISCLAIMER, AND MEDICAL AUTHORIZATION FORMS)

Whereas, (my child/I) _____, wish to be a member of a CLA/FYM team which will be traveling to and staying in _____ (country), 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,

1. In consideration of permission for (my child, myself) to participate in said mission, _____ I _____, being of legal age, authorize CLA/FYM or any agent of CLA/FYM, 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.
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 and care in (my child's, my) behalf.
3. Any consent by CLA/FYM shall have the same force and effect as if I had personally given the consent.
4. I certify that I have personal health insurance with the following company (must provide proof of medical insurance.)

Company

Policy Number

with 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 CLA/FYM.

5. 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.
6. I hereby release and hold harmless CLA/FYM, its officers, employees, and representatives/volunteers from all liability for all hazards and risks associated with such a trip including, but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence, as well as all property damage or loss arising out of (my child's, my) participation in this trip.

(If you are under custody of both parents, we need both parent' signatures. If you are not, we need the signature of the one who has custody of you.)

7. (My child's, My) Passport # is _____ Country where passport was issued _____

Father's Signature (if applicant is under 18 years of age)

Date

Mother's Signature (if applicant is under 18 years of age)

Date

Guardian's Signature (if applicant is under 18 years of age)

Date

Applicant's Signature

Date

