

Declaration:

I, _____ (or for and on behalf of my child under 18yrs of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by the International World changers Coordinator and the physician and hospital staff during the IWC project.

I, the undersigned, do for myself (or for and on behalf of my child under 18yrs of age) herby release from all claims and forever hold harmless the directors, employees, and the agents of the International World Changers, IMB, SBC, WPBA from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18yrs of age). I also assume personal responsibility for all medical bills (for my child under 18yrs of age) and do certify that I have secured primary medical aid / insurance (for myself or for my child under 18yrs old). Further be it necessary for my child to return home due to disciplinary actions, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs. I, the undersigned (Participant), confirm that I have read the IWC Participants Responsibilities, and agree to abide by these guidelines.

[Participant Signature]

[Date]

[Parent / Guardian Signature if U/18]

[Date]

Does your Pastor / church leader support your participation in this project?

[Pastor / Church Leader Signature]

[Date]