

THE FIRST PRESBYTERIAN CHURCH OF FORT DODGE, IOWA

Information, Permission, Expectations & Release Form

AUGUST 2025 GUATEMALA MISSION TRIP

MINORS {3 Pages}

Name Of Minor _____ Birthdate _____ Citizenship _____ Age _____

Address _____ City _____ State _____ Zip _____

Male Female Home Email _____

Home Phone # _____ Cell Phone # _____

Emergency Contacts:

1.Name: Ted Huggins Phone: 515-571-1061 Email: tjhuggisn@yahoo.com

2. Name: David Cook Phone: 515-573-9181 Email: davidfcook@gmail.com

3. Name: Joe Tofilon Phone: 515-227-8781 Email: tofilonlaw@gmail.com

4. Name: Paul Masters Phone: 712-242-5340 Email: paulm@firstpresfd.org

5.Name: _____ Phone: _____

Family Physician _____ Phone # _____

Medical Insurance _____ Policy # _____

MEDICAL HISTORY

Medications _____ Dosage _____ Times _____

Last Tetanus Shot _____ Over the counter medications with the exception of _____ may be given as needed.

Allergies (Medications, Food, Bug Bites, Etc.) _____

Do you wear glasses or contacts (please specify) _____

Describe in detail the nature of severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which you are subject and of which the church should be aware, and what, if any, action or protection is required on account thereof. (Specify conditions such as, but not limited to, asthma, diabetes, seizures, bleeding, clotting, injection requirements, etc. about which the church should be aware) _____

Are swimming and/or other activities restricted for any reason? Y/N If yes, please explain _____

-MEDICAL RELEASE: In the event that I/we cannot be reached in an emergency at any point during the duration of the First Presbyterian Church August 2025 Guatemala Mission Trip (“Mission Trip”), I/we hereby give my/our permission to the physician(s), dentist(s) or other healthcare provider(s) selected by church leadership to secure proper intervention, X-ray examination, medical or surgical diagnosis and treatment, anesthesia, and hospitalization for my/our son or daughter (or child over which I/we have guardianship) as deemed necessary.

-LIABILITY RELEASE: Signing of this form constitutes agreement by the parent(s) or guardian to assume and accept all risks and hazards inherent in church-related programs, outings, and social activities and to release The First Presbyterian Church of Fort Dodge, Iowa (“First Presbyterian Church”), its employees, officers, Session, board, agents, volunteer assistants, and all other persons or entities, including other Mission Trip participants from any and all liability for damages, losses, or injuries to the person or property of the minor child of the undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both medical, liability and any other release described herein.

I/We, the undersigned, wish for the above-named minor to voluntarily participate in the aforementioned Mission Trip. In consideration for him/her being permitted to participate in the Mission Trip, beginning the 5th day of July 2025, I/we, the undersigned, fully recognize and assume the risk of the dangers and hazards inherent in the Mission Trip and any related transportation, including personal injury, property damage, or wrongful death, as well as the unknown dangers and hazards which may arise in the course of his/her participation in the Mission Trip. I/We hereby voluntarily agree, on behalf of the aforementioned minor and for myself, my heirs, said minor’s heirs, my personal representative, and said minor’s personal representative to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by law, First Presbyterian Church, its trustees, officers, employees, agents, insurers, successors, assigns, from and against any and all claims, demands, actions or causes of action on account of any damage to real or personal property or any personal injury or death that may result from said minor’s participation in the above-mentioned Mission Trip.

I/we have read the release, I/we understand it fully, I/we understand that it is legally binding, and I/we understand that, among other things, I/we am/are agreeing to indemnify First Presbyterian Church for any and all liability/expenses incurred by it in connection with any injuries, damages, or losses that may be experienced by me/us and the aforementioned minor. (Sign Below)

-RULES AND BEHAVIOR EXPECTATIONS: 1) No use of alcohol or tobacco by those under the legal age and no use of drugs permitted. 2) Participation with the group is expected. 3) Respect others, staff, adult leaders, and property. 4) Respect and comply with event schedules. FAILURE TO COMPLY WITH THESE EXPECTATIONS COULD RESULT IN THE AFOREMENTIONED MINOR GETTING SENT HOME AT THE EXPENSE OF HIS/HER PARENT(S)/GUARDIAN(S). Remember, we are representing not only our church, but our faith as a whole and our country.

-TRAVELING CONSENT: (Please Fill Out If Both Parents/Guardians Are Not Going On The Mission Trip With The Minor):

I/We _____ / _____, as parent(s)/legal guardian(s) of _____ (a minor) fully authorize him/her to travel internationally with Ted Huggins, David Cook, other designees, and staff of The First Presbyterian Church of Fort Dodge, Iowa. I also authorize Austin Hill or his designee to become my child's legal travel guardian while they are out of the United States of America.

***IF THIS SECTION IS REQUIRED TO BE COMPLETED (because both parents/guardians will not be accompanying the minor on the Mission Trip), THE SIGNATURES BELOW MUST BE NOTARIZED.**

I also hereby give First Presbyterian Church permission to use photos, and video/audio footage of my child during the Mission Trip in/on church newsletters, bulletins, social media, the church website, and promotional flyers, videos and other materials. Please do not hesitate to contact First Presbyterian Church with any questions or concerns.

Initials:

This form is a legal document that authorizes your child's participation in a wide variety of activities during the First Presbyterian Church August 2025 Guatemala Mission Trip. Please read this form carefully and clarify any concerns with the church office before signing.

{Both Parents/Guardians (if more than one Guardian) Must Sign Below}

Printed Name of Parent/Guardian: _____

Printed Name of Other Parent/Guardian: _____

Signature of Parent/Guardian: _____

Signature of Other Parent/Guardian: _____

Date Signed: _____

NOTARIAL CERTIFICATE

State of Iowa
County of _____

This instrument was signed before me on _____ by _____.

Stamp or Seal

Signature of Notarial Officer

Title
My Commission Expires: _____