CONSENT FOR MEDICAL TREATMENT RELEASE & HOLD-HARMLESS FOR TRAVEL

WHEREAS, the participant, _____, wishes to be a member of a Real Impact Missions group which will be traveling to and staying in _____ (city/state), and WHEREAS, certain circumstances and situations may occur resulting in (my child's/my) need for medical or 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 Real Impact Missions, or any agent of Real Impact Missions, to act on (my child's/my) behalf should I be unable to do so and to consent to reasonable medical or 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 (my child's/my) medical well-being for the duration of the mission.
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 or dental treatment and care on (my child's/my) behalf.
3. Any consent by Real Impact Missions shall have the same force and effect as if I had personally given the consent.
4. I certify that I have personal domestic health insurance that covers (my child/me):
   Company: _____ *Policy #:* _____
5. I understand that my existing health insurance may not fully cover medical expenses during the trip because of deductibles, copayments, coinsurance, out-of-network care, coverage limits, or other restrictions. I have been informed that supplemental travel medical coverage is available through MissionSafe, providing up to $50,000 in additional coverage for eligible expenses not covered by my existing insurance, plus telehealth services during the trip. This coverage is optional if (my child/I) have existing health insurance, but required if (my child/I) have no health insurance. I acknowledge that I have had the opportunity to consider whether to purchase this additional protection.
6. I understand that medical care can be expensive and that insurance may not cover all costs. I agree that I am solely responsible for all medical expenses incurred by (my child/me) during the trip, including deductibles, copayments, coinsurance, out-of-network charges, amounts exceeding coverage limits, and other costs not paid by insurance.
7. I hereby (give permission for my child/choose for myself) to participate with RIM, and I release and hold harmless Real Impact Missions, its officers, employees, representatives, and volunteers from all liability for personal injury, including death, as well as for property damage or loss arising out of (my child's/my) participation in this trip.
8. I reaffirm my agreement to the terms I signed in the online application/registration.
9. **For participants under age 18**, I authorize my child to participate in the Real Impact Missions trip and to travel domestically, including across state/territory borders, with the team and its authorized adult leaders.

For participants under age 18, only the participant's parent(s)/guardian(s) signature(s) are required below:

- ☐ Parents are married to each other or one parent has sole custody → Only ONE signature is required
- ☐ Parents are not married to each other or are divorced with joint custody → BOTH signatures are required

_____ ___/___/___ _____ ___/___/___

Mother/Guardian's Signature Date Father/Guardian's Signature Date

For participants age 18 or older, only your own signature is required below:

_____ ___/___/___

Participant's Signature Date

NOTARY STAMP

State of _____. County of _____.

Before me, the undersigned, a Notary Public in and for said county and state on _____, 20_____, personally appeared, the identical person who executed the within and foregoing 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 written above.

_____

Notary Public My commission expires ___/___/___