

Baja Outreach San Quintin

Mexico Service Trip
July 31 - August 7, 2009

Mandatory Informational Meeting
July 26 at 6:00pm in the Youth House

You **MUST** have your **PASSPORT** for this trip!



Hello,

If you are High School or college age in the fall of 09 I would love it if you joined us on a trip to San Quintin July 31 to August 7 to build houses for those in need. There is a **MANDATORY** informational meeting on Sunday, July 26th at 6:00pm in the Youth House. You **MUST** have a **PASSPORT** so do not procrastinate in getting that ordered. Baja Outreach has been leading these trips for years and years so you are in good hands (not to mention the fact that we serve a Sovereign King)! Contact me with questions at joe@bfchemet.org or (951)294-4588.

In Him,
Joe

To Travel in Mexico, Minors Must Have:

1. Passport
2. Notarized* Permission for Minor to Travel in Mexico
(unless traveling with a parent)
3. BFC permission slip
(unless traveling with a parent)

*A Notary is usually available at the informational meeting held prior to each trip.

Bible Fellowship Church
Mexico Outreach Permission and Waiver - Minor Consent Form

Date _____ (valid for one year from this date)

Minor:

Name (last) _____ (first) _____
address (street) _____ (city) _____ (zip) _____
home phone _____ birth date (mm/dd/yy) _____ age: _____
grade: _____

FAMILY INFORMATION:

Mother (first and last names) _____ work/pager # _____
Father (first and last names) _____ work/pager # _____
Legal Guardian: _____ work/pager # _____

HEALTH INFORMATION:

Allergies, special needs, etc. _____
Current medications _____
Activity restrictions _____
Primary Physician _____ phone _____
Insurance _____ phone _____
Policy holder's name _____ policy/group _____

PERMISSION/CONSENT:

The undersigned does hereby give permission for our/my child (name) _____ to attend and participate in a **Bible Fellowship Church** sponsored Mexico Outreach.

I/We authorize an adult, in whose care the minor has been entrusted to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis and/or treatment, and hospital care, to be rendered to the minor under the general or special supervision on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or at the hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our/my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this activity.

All persons making the trip are deemed to have waived all claims against Bible Fellowship Church and/or Baja Outreach or the individual ministry leaders. Any individuals associated with leadership of Bible Fellowship Church and/or Baja Outreach shall be held harmless for any injuries, accidents illnesses or deaths occurring during or because of the trip.

I have read and agree to the terms outlined above.

Parent/Guardian signature _____ please print name _____

In case of emergency contact _____ phone/cell # _____

Alternate emergency contact _____ phone/cell # _____

Date signed: _____ (valid for one year)

Permission for Minor to Travel in Mexico

I hereby grant permission to (Name) _____
to travel in Mexico.

Signed _____
(Parent/Guardian)

We, (Parents Names) _____, understand and are
fully aware of the risks associated with traveling in Mexico. We will hold
Bible Fellowship Church, its employees, Elders, and other volunteers harmless
in regard to this trip.

Signed _____
(Parent/Guardian)

Signed _____
(Parent/Guardian)

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of _____

On _____ before me, _____,
(Here insert name and title of the officer)

personally appeared _____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to
the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized
capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of
which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph
is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

(Notary Seal)