



SECTION 5 • CONSENTS AND ASSUMPTION CONTINUED

To be completed by each participant or legal guardian and returned as soon as possible to Scott and Melissa Williams at swilliams@paoc.org

Consent Form #2 – Participant/Parental Consent

I hereby apply for my child or myself (insert name) _____
to join a Short term missions team to El Salvador with King' s Castle, Scott and Melissa Williams and the PAOC.

In hereby release King's Castle, Scott and Melissa Williams, the P.A.O.C., their staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity.

In the event of an emergency, I hereby authorize an adult leader of this trip, as an agent of me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of country designated above, either at a doctor's office or in any hospital. In the case of an emergency I expect to be contacted as soon as possible.

Name (please print): _____

Signature: _____

Date: _____

Parent/Guardian Name (If under 18 years old): _____

Signature: _____

Date: _____