



Highland Support Project

Serving Indigenous Communities of the Americas

Parental Consent Form

Must have signatures of both parents. If one parent is deceased, please attach a death certificate.
(Note: Team Leader, please keep the original notarized copy)

We, _____, the parents/guardians of
parent(s)/guardian(s)
_____, give our child, a minor of _____
name of child _____ address _____

_____ permission to accompany a Highland Support Project service team to Arizona and participate as a member of the group. We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk, and responsibility.

We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision, for our child, should the same become necessary because of illness or injury.

Now therefore, in consideration of the permission extended to our child to accompany the Highland Support Project service team and participate in the trip with Highland Support Project, we do hereby for ourselves, our child, our heirs, executors, and administrators, remise, release, and forever discharge the team leader(s)

Benjamin Blevins and Guadalupe Blevins, _____ Highland Support Project _____, its officers, members, as

well as all other participants and sponsors of such service team, acting officially or otherwise, from all claims, demands, actions, or cause of action of any kind including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the service trip as well as all ground and flight travel incident to such trip.

It is our intention by this document to consent to our child's participation in the service trip, to consent to allow the team leader(s) Muna Hijazi, Benjamin Blevins and Guadalupe Blevins, to act in loco parentis for the duration of

the service trip; and to waive and forego all right of action of ourselves and our child against the parties herein before named.

Executed in the presence of:

Notary Public
Notary Public No. _____

(SEAL)

State of _____

County of _____

Parent/Guardian

Address

Parent/Guardian

Address

Highland Support Project
P.O. Box 7185
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(804) 464-3467

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