



## Liability Release & Right of Representation of a Minor

I/we the parent(s) of \_\_\_\_\_ do hereby grant  
(Minor's name)

\_\_\_\_\_ full authority to represent me/us in decisions  
(Missionary or Team Leader's name)

relating to the welfare of \_\_\_\_\_. This would  
(Minor's name)

include any medical treatment or medication. I/we will not hold \_\_\_\_\_  
(Missionary or Team Leader's name)

or TCCI responsible for the results of treatment, medications, or decisions made on our behalf.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, a Notary Public in  
and for said state personally appeared known to me to be the person who executed the within  
agreement and acknowledged to me that he/she executed the same for the purposed therein stated.

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_