



P.O. Box 549, Porter, TX 77365
Tele: (281) 808-0175

**MINOR CHILD WAIVER/INDEMNITY
CONSENT TO TRAVEL AGREEMENT**

I, the undersigned parent/legal guardian, consent to allow my/our minor child:

LEGAL NAME: _____

AGE: _____ DATE OF BIRTH: _____

RESIDING AT ADDRESS: _____

to participate in travel to and from Houston, Texas, to Uplift Mountain Lodge and/or Eagles Summit Ranch and/or recreation-related activities with the CLICK FAMILY FOUNDATION, INC. during the dates of June 9-15, 2019.

Travel will on occur on June 9, 2019 via United Airlines, flying from Houston Intercontinental Airport to Colorado Springs, Colorado. Return date is Saturday, June 15, 2019, flying from Colorado Springs, Colorado to Houston Intercontinental Airport. Should the aforementioned flight(s) be canceled or delayed for any reason, the terms of this AGREEMENT transfer to replacement flights.

Yes ___ No ___ I certify that my child IS ABLE to participate in the planned activities.

If my child has medical conditions relevant to physician and/or emergency medical care, I have listed them below.

Medical conditions _____

Medications/doses currently taken: _____

Known allergies: _____

Insurance: Covered by policy? Yes ___ No ___ Name of insurance company: _____

Individual Policy#: _____ Group Policy #: _____

Proof of insurance must accompany this form. Insurance coverage is required.

My child is is not allowed to take Tylenol (1 or 2)
My child is is not allowed to take Advil (1 or 2)

Initials of Parent/Legal Guardian _____

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Primary telephone number in case of emergency: _____

Primary contact name in case of emergency: _____

Secondary telephone number in case of emergency: _____

Secondary contact name in case of emergency: _____

_____ **Initial here** - I/we understand and agree to assume risks that may be encountered during said activity and lodging, including activities and travel preliminary and subsequent thereto. I/we hereby agree to hold CLICK FAMILY FOUNDATION, INC. harmless from any and all liability, actions, causes of actions, claims, expenses, damages and/or injury to the above-referenced minor, including injury and/or action resulting in death which may or may not arise in the future in specific and direct connection with the activity and/or participation in associated activities related to the aforementioned trip.

During this trip, the Click Family Foundation will provide vans for transport of trip participants. Van drivers are adult trip participants, a minimum of 30 years of age with a valid driver's license and insurance coverage. Unless designated herein, minor children who fly with the Click Family Foundation are required to ride in vans provided by the Click Family Foundation.

_____ **Initial here** - My minor child (please circle) **DOES** **DOES NOT** have permission to ride in vehicles other than vans provided by the Click Family Foundation for trip participants.

If I do not accompany my minor child on the aforementioned trip, I authorize the accompanying individual listed below to act on my behalf:

ACCOMPANYING INDIVIDUAL

RELATIONSHIP TO CHILD

_____ **Initial here** - If no accompanying individual is present and I am not able to be reached, I authorize Donnie Click or Debbie Click, representing the Click Family Foundation, Inc., to act as my representative and give them full authority to make medical decisions in the best interest of my child as directed by my child's immediate treating physician.

_____ **Initial here** - I/we are responsible for reimbursing the CLICK FAMILY FOUNDATION for the cost of airfare should my minor child not be able to participate in the aforementioned trip.

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_____ **Initial here** - I expressly agree that this MINOR CHILD WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by law in the States of Texas and/or Colorado. If any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This **MINOR CHILD WAIVER/INDEMNITY CONSENT TO TRAVEL** contains the entire AGREEMENT between the parties hereto and CLICK FAMILY FOUNDATION, INC. The terms of this AGREEMENT are contractual and not mere recital. I/we state that I/we have carefully read the forgoing AGREEMENT and understand the contents thereof. I/we sign this AGREEMENT of my/our own free act.

Signature, Parent or Legal Guardian

Date

Printed name: _____

Signature, Parent or Legal Guardian

Date

Printed name: _____

AUTHORIZATION OF NOTARY PUBLIC

STATE of TEXAS, County of _____

On _____, 2019, before me, _____,

a Notary Public in and for said county, personally appeared _____,

_____.

Known to me to be the person(s) who executed this Agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

Notary Public Signature: _____

My commission expires: _____