

Foursquare Missions “GO” Team
Managua, Nicaragua

AUTHORIZATION TO LEAVE THE COUNTRY

To the required authorities,

I/We the undersigned Parents(s) or legal guardian(s) of the minor listed below:

_____ (Minor’s Name) _____ (Birth Date)

have given permission to Southeast Area Mission Leaders and other adults accompanying the team leader to take our minor out of the United States during the dates of _____ to _____ of 20___. The above minor is a member of the tour group from New Song Christian Fellowship of Louisville, Kentucky. Furthermore, while in any other country, we authorize the team leader and other adults on the tour to seek the necessary medical care should our minor experience any illness or accident.

I recognize that the conditions in some of the places to which I will travel are not the same standard as the conditions I am accustomed (i.e., political environments and judicial systems). I realize further that there are certain health and detainment risks as well as the risks to me and my property, and I enter into participation in this trip with knowledge of those risks.

Dated this _____ day of _____ at _____.
(Month and Year) (City and State)

Father: _____

Mother: _____

Legal Guardian: _____

Legal Guardian: _____

(This Must be Notorized)