HUMANITIZE EXPEDITIONS

The world will never look the same

I, _____ (Parent/Guardian), give Humanitize Expeditions permission to travel with my son/daughter, _____, from _____20____, to and within Guatemala. I also authorize Humanitize Expeditions and those associated with Humanitize Expeditions to authorize emergency medical and dental treatment to my son/daughter. I understand that all efforts will be made to contact me before any medical treatment is given. In the event that I cannot be reached Humanitize Expeditions is authorized to provide emergency treatment as deemed necessary by Humanitize Expeditions, its affiliates, the hospital, doctor, dentist, and any others involved in the assessment. In the event of needed medical or dental care, evacuation or other emergency medical treatment, I agree to pay all fees, bills and other incidental expenses.

_____ _____

Parent/Guardian Signature Date

STATE OF _____)
) s.
COUNTY OF _____)

On this ____ day of _____ 20____, before me, the undersigned, a Notary Public in and for the State of _____, duly commissioned and sworn, personally appeared _____, to me known to be the individual described in and who executed the foregoing instrument and acknowledged the said instrument to be their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year first above written.

_____

Notary Public