

MINOR (CHILD) TRAVEL CONSENT

I. The Parent(s)

I/We, _____, am/are the lawful custodial parent(s) and/or non-custodial parent(s) or legal guardian(s) of:

II. The Minor

Full Name: _____

Date of Birth: _____

Place of Birth: _____

Passport Number (if applicable): _____

- Country of Issuance: _____
- Date Issuance: _____
- Date Expiration: _____

III. Traveling Alone/Accompanying Person

- I authorize my child to travel **alone**.

- I authorize my child to travel **with the following individual/organization**:

- Individual/Organization Name: _____ /Northern Lights Council High Adventure Contingent
- Relationship to Child (if applicable): Parent
- U.S. or Foreign Passport Number (if applicable):
 - Country of Issuance: _____
 - Date Issuance: _____
 - Date Expiration: _____

IV. Itinerary

I authorize my child to travel to Captain Don's Resort, Bonaire, during the period beginning on June 15, 2024 and ending on June 22, 2024.

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 High Adventure group and participate in the trip, we do hereby for ourselves, our child, our heirs, executors and administrators, remise, release, and forever discharge the Northern Lights Council, group leader(s):

Jefri S. Jones, Janice M. Jones

(List the Leaders(s) First and Last Name(s))

It is my/our intention by this document to consent to our child's participation in the High Adventure trip, to consent

To all the group leader(s):_ (Jefri S. Jones, Janice M. Jones) or accompanying Parent Name here.

To act in loco parentis for the duration of the High Adventure trip; and to waive and forego all right of action of ourselves and our child against the parties herein before named.

V. Signature(s)

Parent / Legal Guardian Signature: _____

Date: _____

Full Name: _____

Address: _____

Parent / Legal Guardian Signature: _____

Date: _____

Full Name: _____

Address: _____

Executed in the presence of:

(Signature)

NOTARY PUBLIC IN AND FOR _____ COUNTY, _____
(State)

Subscribed and sworn to before me this ____ day of _____, _____

(NOTARY SEAL)