To whom it may concern:

I/We______________________________________________________________

parent(s) or guardian(s)

give permission for my/our child ________________________________ to participate in “Now is the Time” Guatemala Mission 2013 traveling to Guatemala under the leadership of Shawn Smith, and co-sponsor Santa Clara Foursquare Church.

I/We______________________________________________________________

parent(s) or guardian(s)

give permission for Shawn Smith, Damaris Smith, and/or the applicable Crew Leaders to make all health and medical decisions for my/our child during the duration of the Guatemala Mission 2013, beginning June 16 through July 21, 2013.

I/We understand that full effort will be made to contact and discuss any major treatment with me/us. I/We understand that communication can be erratic, difficult, and sometimes impossible internationally.

I/We______________________________________________________________

parent(s) or guardian(s)

give permission for my/our child ________________________________ to be transported across country borders if necessary for medical treatment and/or evacuation.

Although very rare, I/We____________________________________________
understand that my/our child ________________________________ may be in proximity to and/or participating in activities with children who may be HIV+.

Father/Guardian:__________________________  __________________________  
(please print full name)  (signature)  (date)

Mother:__________________________  __________________________  
(please print full name)  (signature)  (date)