

Guaranty of Payment for Medical Treatment for Minor Student

As _____ (name of student or adult chaperone attending Mission Nashville) is not covered by any type of health insurance program, I _____ (name of parent /guardian of student or adult chaperone), hereby guaranty payment for any fees, expenses or costs related to the medical treatment of my son/daughter/me in connection with participation in Mission Nashville 2014. I understand and acknowledge that I may be asked to provide further guarantees of payment to health care professionals and institutions which provide medical treatment.

I also acknowledge that neither Trevecca Nazarene University, the General Board Church of the Nazarene, nor the Church they are attending Mission Nashville with, is responsible for the cost of medical treatment and I shall indemnify, defend and hold harmless these parties, their respective officers, directors, employees, or agents, from and against any and all claims which may be made as a result of my failure to provide payment for medical treatment.

Signature _____

Date _____

Relationship to Student _____

The following section must be complete by a Notary Public

Before me, a Notary Public, in and for said County and State, this _____ day of _____, 20____, personally appeared before me and acknowledged execution of the foregoing.

IN WITNESS WHEREOF, I have hereunto set my hand and Notary Seal.

STATE OF _____

COUNTY OF _____

Notary Public Signature _____

Commission Expiration Date _____

Notary Seal: