

# Project World, Inc.

**Honduras Mission Trip Travel Dates:** \_\_\_\_\_

**Both Parents Consent for Minor to Travel**

We, \_\_\_\_\_ and \_\_\_\_\_ (print parents' full names) give \_\_\_\_\_ (print minor's full name) permission to travel with Project World, Inc. from the United States to Tegucigalpa, Honduras and back to the USA within the mission trip dates listed above. We further give permission to Marty Smith, Project World's Director, to make any necessary emergency medical decisions concerning my child. During the time of the trip, our child will travel throughout Honduras serving those affected by poverty by visiting schools, participating in various distributions, building houses, and assisting churches and other ministries.

\_\_\_\_\_ Date \_\_\_\_\_ Cell# \_\_\_\_\_

**Mother's signature**

\_\_\_\_\_ Date \_\_\_\_\_ Cell# \_\_\_\_\_

**Father's signature**

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**One Parent Traveling w/ Minor to Travel**

I, \_\_\_\_\_ (print parent's full name not traveling), the **mother/father** of \_\_\_\_\_ (print minor's full name) give permission for \_\_\_\_\_ (print name of parent traveling with minor) to travel with our child from the United States to Tegucigalpa, Honduras, and back to the USA within the mission trip dates listed above.

During the time of the trip, our child will travel throughout Honduras serving those affected by poverty by visiting schools, participating in various distributions, building houses, and assisting churches and other ministries.

\_\_\_\_\_ Date \_\_\_\_\_ Cell# \_\_\_\_\_

**Signature of Parent NOT Traveling**

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**Legal Guardian/Sole Custody Consent for Minor to Travel**

I, \_\_\_\_\_ (print legal guardian/sole custody parent's name) give \_\_\_\_\_ (print minor's full name) permission to travel with Project World, Inc. from the United States to Tegucigalpa, Honduras, and back to the USA within the mission trip dates listed above. I further give permission to Marty Smith, Project World's Director to make any necessary emergency medical decisions concerning my child.

During the time of the trip, my child will travel throughout Honduras serving those affected by poverty by visiting schools, participating in various distributions, building houses, and assisting churches and other ministries.

\_\_\_\_\_ Date \_\_\_\_\_ Cell# \_\_\_\_\_

**Signature of Legal guardian/Sole Custody Parent**

**\*\*This form must be completed in its entirety and notarized.**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Signed or attested before me on: \_\_\_\_\_

By: \_\_\_\_\_

Signature of Notary

(Seal)

My Commission Expires: \_\_\_\_\_