



**Parent Release & Signature Notarization**  
**ASON Mission Team**

(This page needs to be completed for participants under 18 years of age by one of their parents, or by their legal guardian. The parent or legal guardian's signature must be notarized.)

As the parent or legal guardian of \_\_\_\_\_ (participant's name), I give my permission for him/her to participate in the ASON International Mission Trip to \_\_\_\_\_ (destination) from \_\_\_\_\_ through \_\_\_\_\_ (trip dates). In an emergency, I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery on my child named above. I understand that every effort will be made to contact me before these actions are taken.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Sign in presence of notary)

Relationship to participant \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and subscribed to me this - \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

Signature \_\_\_\_\_ My commission expires \_\_\_\_\_