



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 _____