

**Parental Consent and Assumption of Disease Risks for  
Ozark Adventist Academy Mission Trip**

I, \_\_\_\_\_, on behalf of my minor child \_\_\_\_\_, hereby acknowledged, do hereby release and discharge Ozark Adventist Academy and its employees, for any loss, injury, death, damages, costs or expenses arising out of my informed decision to not vaccinate or give recommended medications to my child, as recommended by the Center for Disease Control's (CDC), for travel to Kenya, Africa from March 27, 2017 through April 11, 2016. Such release is not limited to the dates listed above, as exposure to preventable diseases may not manifest actual disease until after such dates, due to the incubation period of the disease.

I recognize that health risks are associated with missionary service and I have been informed of the recommended vaccinations and/or medications that may aid in the prevention of my child contracting such diseases endemic to Kenya, Africa and its surrounding areas. Despite this knowledge, I have chosen to not vaccinate or provide prophylaxis medications to my child as recommended by the CDC specific to this trip.

I consent to my child's participation on this mission trip with full awareness of these risks, and voluntarily assume all risks of death, injury, illness, to my child as it relates to CDC's recommended vaccinations/medications.

\_\_\_\_\_  
Parent/Legal Guardian Signature Relationship

\_\_\_\_\_  
Date