



## Consent Form

### Appointment of Agent

I hereby appoint Unstoppable God Ministries as my agent and representative for the purpose of authorizing and consenting to hospital care and/or medical care for the treatment of \_\_\_\_\_ for any illness or injury that may occur while such person is in the care or custody of Unstoppable God Ministries through the period of January 1, 2024 through December 31, 2024 while I am not immediately available to give such consent.

\_\_\_\_\_  
Signature of Participant/Parent/Guardian

### Transportation Consent

This is my permission to Unstoppable God Ministries to transport, \_\_\_\_\_ under supervision to places deemed necessary for the interest of the participant and/or in times of medical emergency to the appropriate agency for the period of January 1, 2024 through December 31, 2024.

\_\_\_\_\_  
Signature of Participant/Parent/Guardian

### Publicity Consent

I hereby give my permission to Unstoppable God Ministries to allow the use of \_\_\_\_\_'s name and/or use photographs, audio recording, or video tape of activities in which he/she participates in an appropriate manner during the period of January 2024 through December 2024.

\_\_\_\_\_  
Signature of Participant/Parent/Guardian