

BGAV Partnership Missions
**WAIVER OF AGE RESTRICTION
FOR VOLUNTEER**



FOR VOLUNTEERS 70 YEARS OF AGE AND OVER.

I authorize the one-time waiver of age restriction for _____ to participate in a
(Volunteer)

volunteer mission trip to _____.
(Trip Location)

Physician Signature: _____ **Date:** _____

PLEASE RETURN THIS FORM TO:

Mission Development Staff, Baptist General Association of Virginia, 2828 Emerywood Parkway, Henrico, VA 23294