

STUDENTS MINISTRY of HOPE CHURCH

WAIVER OF LIABILITY, MEDICAL RELEASE AND CONSENT TO PARTICIPATE

June 1, 2020 – June 1, 2021

NAME OF MINOR _____ DATE OF BIRTH _____

GRADE LEVEL AS OF JUNE 7th _____ SCHOOL _____ GENDER (M/F) _____

HOME PHONE _____ EMAIL _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN NAME(S) _____

PARENT/GUARDIAN MOBILE PHONE(S) _____

PARENT/GUARDIAN WORK PHONE(S) _____

PARENT/GUARDIAN EMAIL(S) _____

ALTERNATE EMERGENCY CONTACT _____ RELATIONSHIP TO MINOR _____

HOME PHONE _____ MOBILE PHONE _____

NAME OF MEDICAL INSURANCE COMPANY _____

POLICY NUMBER _____ GROUP NUMBER _____

FAMILY DOCTOR _____ DOCTOR'S PHONE _____

ALLERGIES _____

MEDICATIONS/DOSAGE _____

CHRONIC ILLNESS _____ DATE OF LAST TETANUS SHOT _____

OTHER HEALTH INFORMATION _____

I, the undersigned, hereby give permission for my minor child (named above) to attend this event sponsored by Hope Church and its ministries (hereafter referred to as "HC") and to participate in all related activities and ministry events from June 1, 2020 to June 1, 2021.

1. I authorize an adult to provide emergency first aid and consent to ambulance, paramedic, x-ray examination, anesthetic, medical, surgical, or dental diagnosis and/or treatment and/or hospital or clinical care to be rendered to my child under the general or special supervision and on the advice of any licensed physician or licensed dentist or on the medical staff of a licensed hospital or clinic, whether such diagnosis or treatment is rendered at the office of said physician, dentist or at said hospital or clinic.
2. I agree to be liable for and pay all costs and expenses incurred in connection with such ambulance, medical, dental and hospital services rendered to my child pursuant to this authorization. If it is necessary for my child to return home due to medical or other reasons, I agree to pay for all transportation costs.
3. I give permission for my child to ride in any vehicle designated by an adult leader or chaperone from or affiliated with HC while participating in the activity. I agree to hold the driver and/or owner of any such vehicle harmless for any accidents or injuries sustained therefrom.
4. I understand there are risks of bodily injury, disability, paralysis and/or death to my minor child and damage to property in any event that involves travel or other activities. I agree to assume and incur all the risks that may be encountered by my child and to my property in this event and all related activities to the extent permitted under Indiana law.
5. I agree to release and hold harmless HC and their members, employees, volunteers and agents from any and all liability, actions, causes of actions, claims, expenses and damages on account of any and all negligence of any HC member, volunteer, agent or any person participating in or person attending the event which results in injury to or death of my child or damage to my property, which I now have or which may arise in the future on behalf of my child or of my own in connection with this event and all related activities to the extent permitted under Indiana law.
6. I agree to indemnify HC for any and all claims and/or lawsuits arising out of any injury or death to my child, medical treatment to my child, or damage to my child's or my property.
7. I release to HC all right, title, and interest for any likeness of my child in photographic images and/or video or audio recordings made by HC and its agents during my child's participation in this event and give permission for such to be used for promotional purposes in printed and/or electronic media.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PRINTED NAME _____