

Hope Church

Student/Child Medical Release Form

_____	_____	_____
Event Name	Event Date(s)	
_____	_____	_____
Name (Last, First)	Birth Date	Home Phone
_____	_____	_____
Street Address, City, State & Zip	Gender	Grade
_____	_____	_____
Parent/Guardian Names	Phone # DURING THE EVENT	
_____	_____	
2 nd Emergency Contact (name/relationship)	Phone # DURING THE EVENT	
_____	_____	
Student's Physician & Phone	Insurance Covering Student	
_____	_____	
Insurance Policy Holder Name	Policy Number	
_____	_____	

Does your student have any allergies or medical conditions? Please list them: _____

Is your student currently taking any medications? Please list them and instructions: _____

PLEASE READ CAREFULLY - RELEASE MUST BE SIGNED

Emergency Authorization (from above)

I the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the staff, leaders, assistant leaders or chaperones attending this event acting in the capacity of activity supervisors/vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of an emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact above emergency contact.

Waiver of Liability And Disclaimer

I the parent, or guardian, of the above named individual acknowledge that participation in energetic youth activities and/or events necessarily involves risk of physical injury. I further acknowledge that the programs of the Student/Children's Department are primarily administered by volunteers, rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless Hope Church Inc., their employees or those supervising the event responsible from any claims arising out of or relating to any physical injury or material loss that may result to said individual while participating in the event listed below, including physical injury by negligence of any volunteer or representative while supervising or chaperoning any event. I understand that adequate precaution will be taken for the safety of my child at all times. I also consent for my child's picture or likeness to be used in promoting this event or other HOPE events, including but not limited to the HOPE website.

Pick-up Policy

I understand that my child's failure to abide by the rules set out by Hope Church Inc. will result in my being called, told to pick-up my child immediately, and the dismissal of my child from the event without the possibility of a refund. I have discussed this consequence with my child. Finally, I agree to arrive on time to pick-up my child from this event.

Parent/Guardian Signature (if 18 & under)

Child/Student Signature

Office Use Only:	
Date _____	
Event _____	Total Paid _____
Outstanding Balance _____	
Check# _____	Initials _____