

Hope Church

Medical/Liability Waiver & Release

(Please Print Clearly)

Today's Date: _____

Name _____ Grade _____

Address _____

City _____ State _____ Zip _____

Phone _____ Parent's Email _____

Date of Birth _____ Age _____ Male _____ Female _____

EMERGENCY CONTACT INFORMATION

Father's name _____ Cell Phone _____

Mother's name _____ Cell Phone _____

Alternate Contact Person (Someone near the Primary Contact):

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home/Cell Phone _____ Work Phone _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while you or your child is at the activity.

Do you have health insurance? _____ Yes _____ No _____

Name of Insurance Company _____

Policy/Subscriber # _____ Group # _____

Name of the Insured _____

Physician's Name _____ Physician's Phone _____

(Attach copy of front and back of insurance card.)

If you or your child should require medical attention for injuries received or illness contracted prior to activity, please send us the necessary information to give proper medical care during the ministry activity.

Health History

Pre-existing or present medical conditions: _____

Name and Dosage of medication that must be taken: _____

Any Allergies: _____ Medication Allergies: _____

Year of last Tetanus Shot: _____ Wear Contact Lenses? _____ Yes _____ No _____

Any swimming or activity restrictions? _____ Yes _____ No _____

Explain: _____

Hope Church

Medical/Liability Waiver & Release

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY: In consideration of participation in an event and/or activity promoted by Hope Church, the undersigned (for himself, his personal representatives, heirs and next of kin) HEREBY RELEASES HOPE CHURCH and their respective officers, pastors, employees, leaders, and agents ("releasees") of all liability to the undersigned, whether caused by the negligent act or omission of releasees' negligence or otherwise while the undersigned is participating at this event or property use.

It is fully understood by each of the undersigned that there is some inherent risk associated with any event or property usage. IN ADDITION, the undersigned AGREES TO INDEMNIFY AND HOLD HARMLESS the releases from any loss, liability , damage, or cost they incur due to such participation by the undersigned, and any guests (including minors) whether caused by releasees' negligence or otherwise, and AGREES TO ASSUME FULL RESPONSIBILITY AND RISK for any bodily injury, death, or property damage from releasees' negligence or otherwise while the undersigned is participating at this event or from property use.

MEDICAL RELEASE: I hereby authorize the treatment for myself or the named minor by a qualified and licensed medical doctor in the event of a medical emergency, which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while participating in a church program including transportation to and from that program. This authority is granted only after a reasonable attempt has been made to contact the emergency contact person below.

INSURANCE RELEASE: I understand that in the event that health coverage is needed, the participant's health and accident policy will be primary.

TRANSPORTATION RELEASE: I give permission for myself or my child to be transported in a church, rental, or private vehicle or common carrier.

PERSONAL BELONGINGS RELEASE: I understand that Hope Church is not responsible for loss of personal belongings.

PHOTOGRAPHIC RELEASE: I give permission for Hope Church to use photographs, audio, and video of the participant for church publicity purposes including but not limited to Crossroads' websites and printed material. I release Hope Church from any liability connected with the use of pictures, voice recording, or video as part of any promotion or recruitment purposes.

Participant's Name (please print): _____ Phone: _____

Participant's Signature: _____ Date: _____

If Participant is Minor, Parent's/Guardian's Name: _____

If Participant is Minor, Parent's/Guardian's Signature: _____