



Minor Release Form

September 2018 – September 2019

Student Name (Last, First):

Student's Full Name: _____ Student's Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Parent Cell Phone #1: (____) _____ Parent Cell Phone #2: (____) _____

Student Cell Phone: (____) _____ School: _____ Grade: _____

Student's allergies/pertinent medical information: _____

*****Please include a copy of the front and back of a valid insurance card for your child.*****

If needed for minor pain or fever, my Child may be given (circle all that apply): Tylenol (Acetaminophen) Advil/Motrin (Ibuprofen)

A PHOTOCOPY OF THIS FORM SHALL BE VALID AND LEGALLY BINDING AND MAY BE UTILIZED IN PLACE OF AN ORIGINAL. THE ORIGINAL WILL BE MAINTAINED IN THE CHURCH OFFICES.

CONSENT, RELEASE AND MEDICAL AUTHORIZATION

1. Blanket Permission. I hereby grant permission for my Child named above to participate in any or all of the activities/programs that are held on or off-site with the Student Ministries of Hope Community Church, Gilbertsville, PA (the "Church") during the period commencing with the date of this Form.
2. Release. I understand that the Church staff and adult supervisors will endeavor to provide individual care and safety for each participant in each activity and/or program. I am aware that neither the Church nor any member of its staff or adult supervisors can assume responsibility for any injury or damage, which may occur in connection with such program or activity. Therefore, by signing below I am agreeing to the Legal Release of Liability and the indemnification of the Church which are set forth on this form and incorporated herein by reference, by which I am releasing and/or holding harmless the Church, its staff and volunteers from any liability incurred by the Church arising out of any Church-sponsored activity in which my Child participates.
3. Medical. I also give my consent, approval and authorization for Church staff or other adult supervisors to authorize emergency medical treatment for my Child if reasonably deemed necessary by them.

LEGAL RELEASE OF LIABILITY

The Parent hereby:

- (a) Agrees to review all the information provided by the Church concerning any Church sponsored activity in which the Child participates, and agrees to the precautions planned for the safety and care of the participants;
- (b) Acknowledges that, notwithstanding the exercise of reasonable safety precautions, participation in any Church sponsored activity involved certain actual and potential risk(s) of Loss;
- (c) Agrees that should the Child be asked to return home due to disciplinary action, medical reasons or otherwise, it shall be the Parent's responsibility to provide transportation home and to cover all associated and related expenses;
- (d) Releases the Church from all liability for any Loss incurred by the Child or by the Parent arising out of or related to any Church sponsored activity, except Loss due to the Church's willful misconduct, and
- (e) Agrees to indemnify and hold the Church harmless from any liability for Loss incurred by the Church (1) as the result of injuries to the Child or (2) due to acts of the Child; occurring in the context of any church related activity.

As used herein, the term "Loss" means personal injury, sickness, loss of life, or damage to or loss of property, real or personal; "Church" means Hope Community Church, Gilbertsville, PA, its Elders, Deacons, Operations Team, Pastors and staff, its leadership supervisors, volunteers and members; and "Parent" means the parent(s) of or legal guardian(s) of the Child, identified above.

Parent represents, warrants and agrees that by signing this Form the Parent has full legal authority to do so; that the Parent has legal custody of the Child; that the approval and agreement of any other parent or guardians of the Child has been obtained by Parent, and that the undertakings herein shall be binding upon the Parent, any other parent or guardian of the Child, the Child, and their respective heirs, personal representatives, and assigns.

☐ Do not use photography or video of my child in any form of publicity.

Parent/Guardian Signature:

X _____ Name (Printed): _____ Date: _____