

As legal guardian of the below-named participant, I hereby give my permission for any and all medial attention necessary to be administered in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment. This release is effective to the end of the calendar year in which it was signed, but must be UPDATED if any information changes.

Hope Community Church
PO Box 193
Glenwood, MN 56334
320-634-3001
info@hopecefc.org

Date: _____

Minor's name: _____ Birth Date: _____ Grade: _____

Address: _____

Parent/Guardian's name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Insurance Company: _____

Policy Number: _____

In case I cannot be reached, either of the following is designated:

Name: _____

Address: _____

Phone Number: _____

Physician: _____

Address: _____

Phone Number: _____

Known allergies/medical conditions: _____

Current medications: _____ Date of last Tetanus shot: _____

Please check with over-the-counter medications you will **NOT** allow to be dispensed to this participant:

aspirin acetaminophen (e.g. Tylenol) nasal decongestant (e.g. Sudafed)

Pepto Bismol ibuprofen (e.g. Advil, Motrin) cough suppressant (e.g. Robitussin, menthol cough drops)

As the above-named participant (or legal guardian if the participant is a minor under the age of 18), I hereby attest that I have read this complete document; all information provided is complete and true; I have legal standing to make decisions which affect the rights of the above named participant; and I understand and consent to all terms outlined in this document. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to Youth Ministry activities and travel, understanding that some activities may pose a risk of injury. I will not hold liable Hope Community Church, it's employees, or volunteers for any injury, illness or property damage involving the above-named participant for circumstances beyond their control. I give my permission for him/her to travel and participate in Hope Community Church activities. Photographs are taken of participants in the course of events and may be used for Hope Community Church publications, and I will allow photo publication without the use of the minors name (unless specifically requested) taken during youth activities and classes. If photo use is not allowed, please discuss behavior requirements with the minor and initial here. _____

Signed: _____ Date: _____