

## Permission/Release Form: Hope Lutheran Church

(To be completed by both Youth and Adult)

Name of Participant (please print) \_\_\_\_\_

Event Name \_\_\_\_\_ Dates Attending \_\_\_\_\_

### **Liability Release Agreement**

*I/we fully understand that there are inherent risks involved in any event/travel opportunity/ministry function, and I/we hereby fully release Hope Lutheran Church (Cranberry Twp, PA), its staff and volunteer leaders from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my/our involvement with Hope Lutheran Church. I understand that during this ministry I/my child may be photographed or videotaped for promotional materials.*

### **Transport Home Agreement for Students**

*I/we, the undersigned, are the parents having legal custody or the legal guardians of the above named participant, a minor, and have given our consent for her/him to attend this ministry event sponsored by or with Hope Lutheran Church, or are of legal consenting age myself. I/we understand that a member of the Hope Staff or a volunteer with the ministry may need to send a participant home as a result of illness or discipline. I/we understand if the participant named above is dismissed from the ministry, I/she will be transported home at my/our expense. Hope staff or volunteers will attempt to contact the parent or guardian to arrange such transportation,*

### **Medical Release Agreement**

*I/we the undersigned, are the parents having legal custody, or the legal guardians of the above named participant, a minor, and have given our consent for him/her to attend this ministry event sponsored by or with Hope Lutheran Church, or are of consenting age myself. In the event that I/she/he is injured while attending the trip and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize Hope Lutheran Church staff and/or volunteers to give such consent if we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of this event.*

FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CURRENT MEDICATIONS OR HEALTH CONDITIONS \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Youth/Participant Signature \_\_\_\_\_ Date \_\_\_\_\_