

HOPE CHAPEL FOURSQUARE CHURCH
YOUTH MINISTRIES
LIABILITY AND MEDICAL RELEASE FORM
VALID August 2007 TO August 2008

Name: _____ Age: _____ Birthday: __/__/__ Home
#: _____ Cell #: _____ E-Mail: _____
Address: _____ City & Zip: _____
Gender: _____ School: _____ Grade: _____

Required for all 6th through 12th grade students attending a Hope Chapel Foursquare Church event

Health History:

Drug Allergies Insect Sting Allergies Chronic Asthma Epilepsy/Nervous Disorder
 Hay Fever Food Allergies Frequent Colds Frequent Stomach Upsets
 Diabetes Heart Condition Physical Handicap Other: _____

Please Specify Marked Condition Above: _____

Normal Treatment of Marked Condition: _____

Date of Last Tetanus Shot: __/__/____ Blood Type (if known): _____

Name and Dosage of medications currently using: _____

Minor Administers Own Medication: Yes__ No__ Adult Administers Medication: Yes__ No__

If student requests aspirin, may an adult counselor administer it to him/her? Yes__ No__ Aspirin Substitute (specify): _____

Any Activity Restrictions? Yes__ No__ What Restrictions: _____

Father's Name: _____ Home #: _____ Work #: _____ Cell #: _____

Mother's Name: _____ Home #: _____ Work #: _____ Cell #: _____

In an emergency, if parent/guardian cannot be reached, please notify:

Name: _____ Phone #: _____ Relationship to Student: _____

(Please See Reverse Side)

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the information necessary to give you or your child proper medical service during this activity/trip. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity/trip. Please let us know of any updates to your insurance policy by filling out a new form and sending it into the youth office.

Do you have Health Insurance: Yes ___ No ___

Name of Insurance Company: _____ **Policy #:** _____ **Group #:** _____

Phone #: _____ **Expiration Date:** _____

Medical Release: In the event I cannot be reached in an emergency during the activity dates shown above on this form, I, _____, hereby give my permission to the physician or dentist selected by the leaders to hospitalize, to secure proper treatment and/or order an x-ray, injection, anesthesia, or surgery for me, _____, or my child, _____, as deemed necessary. I also authorize the trip leaders at the activity to administer medical aid as required for illness or injury under a physician's orders. This form is for any and all events, projects, ministries, small groups, or trips involving Hope Chapel Foursquare Church. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. The above authorization is given pursuant to the provisions of Section 25.8 and 34.6 of the Civil Code of California.

Parent/Guardian Signature (Student Signature if over age 18)

Date

Print Name

Relationship to Student

Liability Release: No recreational activities are without the possibility of unforeseen hazards. Certain activities inherent possibility for risk. Therefore, we want to alert parents, guardians and individuals to them. It is impossible to list all such risks. Personal injury and property damage may result from participating in some of our activities which may include strenuous competition games, broom hockey, slick track driving, bowling, other summer related sports, snow skiing, snow-tubing, ice skating, snow boarding, other winter related sports and activities, boating, wake boarding, jet skiing, water-tubing, water skiing, swimming, other water related sports and other year round sports and activities. Injury and property damage may also result from activities which we do not allow thereby violating our standing common sense rules. The intent of this liability release is to prevent Hope Chapel Foursquare Church from being held liable for injuries to person or property when attendees of our activity/trips are injured as a result of an activity that we do or do not allow. By signing this form the parent, guardian or individual agrees to assume and accept all risks and hazards. The signer also agrees not to hold Hope Chapel Foursquare Church, its pastors, employees, lay staff or volunteer staff liable for damages, losses or injuries to the person(s) or property including results for active negligence or passive conduct on the part of Hope Chapel Foursquare Church, its pastors, employees, lay staff or volunteer staff. The signer understands that they are signing for the student listed on this form and that they further understand that signing this liability release constitutes a full and complete release from liability insofar as Hope Chapel Foursquare Chapel is concerned and an agreement to hold said church harmless and relieved of any responsibility for injury or damage to you or your child. For promotional or marketing purposes, Hope Chapel Foursquare Church reserves the right to use any audio, video, and/or photography of guests and/or campers participating in Hope Chapel facilitated events. ***It is also acknowledged that if my child has to return home early for discipline violations it will be at the parent/guardian's expense.***

Parent/Guardian Signature (Student Signature if over age 18)

Date

Print Name

Relationship to Student