

2015-2016 Hopedale Baptist Church – Medical/Permission/Waiver Form

Name of student (please print) _____

Parent(s) and/or legal guardian(s) of student _____

Address _____ City _____ State _____ Zip _____

Home or Cell Phone _____ Age of student _____

Birth Date ____ / ____ / ____ School Grade _____ School _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of Hopedale Baptist Church (HBC) is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation related accidents, or risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this medical/permission/waiver form, I expressly warrant that the student named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of my child participating in the activities, whether such risks are known or unknown to me at this time. I further release HBC and its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against HBC or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless HBC and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of HBC to seek and secure any needed medical attention or attention for the student named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Special Events and Field Trips

I understand that the child named above may be participating in local service projects and interactive events during the HBC events on Sunday and Wednesday evenings. I understand that during this period my student may take part in activities that are consistent with the purposes of the church.

For Use Only if the Participant is a Minor

I represent that I am the parent/guardian of _____ who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of **HBC**, including any special events or activities described above. In consideration for allowing the participation of the student in the activities of **HBC**, I hereby consent to the Medical/Permission/Waiver Form including the Release of Liability above, on behalf of the student, and agree that this Medical/Permission/Waiver Form shall binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian _____

Print Name _____ Date _____

Health Insurance Information

Insurance Company _____ Policy Number _____

Group Number _____

Emergency Contacts

Name _____

Name _____

Relation _____

Relation _____

Home or Cell Phone _____

Home or Phone _____

Swimming Ability (Please Circle)

Non-Swimmer

Beginning (capable of swimming for several minutes in deep water)

Moderate (capable of several lengths of pool)

Advanced (capable of long distances)

Medical History -Special needs or concerns (allergies, dietary needs, medications, etc.):

Other Information leaders should know about the child participant:

Publicity

On occasion **HBC** takes photographs or makes an audio or videotape recording of students and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual records may be used by **HBC** publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interests features. I consent to the use of any (appropriate) such audio or visual record of the child named above to be used, distributed or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings (appropriate in nature).

Signature of Guardian _____ Date _____