

HOPE COMMUNITY CHURCH LIABILITY RELEASE FORM

Participant Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

As a participant or parent / guardian of above minor child and participant in the programs or events of Hope Community Churchs, I do hereby release, forever discharge and hold harmless Hope Community Church, and the directors / pastors / volunteers thereof, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses.

This release covers transportation and/or drivers provided by Hope Community Church and its representatives who are properly licensed to drive in the state of Minnesota, whether driving church owned vehicles or privately owned vehicles.

This release also covers meetings on the Hope Community Church property or any other site during programs and activities/events; also consent to emergency medical or dental treatment, including examination, diagnosis, treatment, anesthetic, and surgical treatment, the undersigned agrees to pay all costs and expenses.

Participant's Insurance

Insurance Company: _____

Policy Number: _____

Known Allergies / Medication / Medical Problems: _____

Name of Parent / Guardian _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Phone _____

Signature of Parent / Guardian _____ Date _____

Staff Signature: _____