HOPE CHAPEL SPECIAL MINISTRIES

LIABILITY AND MEDICAL RELEASE FORM

VALID JANUARY 2009 TO DECEMBER 2009

Name:________________________________ Age:_____ Birthday:__/__/__

Home #:_____________ Cell #:_______________ E-Mail:______________________

Address:________________________ City & Zip:____________________________

Social Security No.:_______________________________ Gender:_____________

Required for all persons attending Hope Chapel Special Ministries camps and events

Health History:

__Drug Allergies __Insect Sting Allergies __Lung Conditions __Epilepsy/Nervous Disorder

__Hay Fever __Food Allergies __Seizures __Special Diet

__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:____

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 Special Ministries 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 Special Ministries. 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.

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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 competition games, hiking, bowling, swimming, and other summer related sports. 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 Special Ministries 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 Special Ministries, 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 other wrongful conduct on the part of Hope Chapel Special Ministries, its pastors, employees, lay staff or volunteer staff. The signer understands that they are signing for the person 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 Special Ministries 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 Special Ministries 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.**

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

____

Print Name Relationship to Student