

Hope Center Covenant Church  
Consent/Release Form



Student Information:

Student Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Student Email \_\_\_\_\_

**I give permission for the above-named child or myself to join** (please circle 1 of the following)

Impact (7<sup>th</sup> & 8<sup>th</sup> Grade)

Max (High School)

The Commons (Col & Young Adults)

**of Hope Center Covenant Church in participation of** \_\_\_\_\_

Write name of activity/event

**on the following date** \_\_\_\_\_

Date of event

I hereby release Hope Center Covenant Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this excursion. I/we further understand that we and/or our insurance carrier assume full responsibility for all payments and costs of said emergency treatments. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

I, the undersigned, do hereby consent and agree that Hope Center Covenant Church, its employees, volunteers, and agents have the right to take photographs, videotape, or digital recordings of me and/or my minor child/children and to use them on the Hope Center website, exclusively for the purpose of showing real people on their website. I do hereby release to Hope Center Covenant Church, its employees, volunteers, and agents all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in the Hope Center website. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I also understand that Hope Center Covenant Church, its employees, volunteers, and agents are not responsible for any expense or liability incurred, including medical expenses due to any sickness or injury incurred, as a result of my participation in a recording.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Medical Information:

Allergies \_\_\_\_\_ Medications being taken \_\_\_\_\_

Physical handicaps or limitations \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Medical # \_\_\_\_\_

Parent Information

Parent Name \_\_\_\_\_ Email \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Natural Parent or Legal Guardian (or participant if over 18)

\_\_\_\_\_  
Date