

Hope Presbyterian Church

Adult Waiver Form 2015-2016

Name (please print) _____

Address _____

Home Phone (_____) _____ Work Phone (_____) _____

Age _____ Birth Date _____

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that I am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of participating in the activities, whether such risks are known or unknown to me at this time. I further release **HOPE PRESBYTERIAN CHURCH** and its ministers, leaders, employees, volunteers, and agents from any claim 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 include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against **HOPE PRESBYTERIAN CHURCH** or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless **HOPE PRESBYTERIAN CHURCH** and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my 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 I may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **HOPE PRESBYTERIAN CHURCH** to seek and secure any needed medical attention or treatment for me 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.

I agree to pay any and all travel expenses should I need to be transported home for health reasons during the trip.

Special Events Release

I understand that I will be participating in the **Hope Presbyterian Church Mission trip to Su Casa de Esperanza, McAllen, TX**. I understand that during this period I may take part in any or all activities associated with the event such as: worship, games, and recreational activities, and will be traveling by private car and / or rented van.

Publicity

On occasion, **HOPE PRESBYTERIAN CHURCH** takes photographs or makes an audio or videotape recording of all individuals involved in the retreat 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 recordings may be used in **HOPE PRESBYTERIAN CHURCH** publications or advertising materials to let others know about our ministry. I consent to the use of any 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.

Health Insurance Information

Insurance Company _____ Policy Number _____
Insurance Company Phone Number _____
Medical Doctor _____ Phone number _____

Emergency Contacts

Names of persons and telephone numbers to call in case of emergency:

Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell _____
*Alternate contact: Name _____ Phone _____

Medical History

Blood Type _____ **Date of Last Tetanus Shot** _____

Special medical needs or concerns (allergies, conditions, dietary needs, medications & why you take them, etc.):

Other Information

Other information leaders should know about the participant:

I hereby consent to the Permission/Waiver Form, including the Release of Liability above, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Adult _____ Date _____