Hope Adventures Release Form

CHILD'S NAME _____

EMERGENCY CONTACT #1 (First, Last): _____

Relationship to child: _____

PHONE #: _____ cell home work Alt. Ph #: _____ cell home work

EMERGENCY CONTACT #2 (First, Last): _____

Relationship to child: _____

PHONE #: _____ cell home work Alt. Ph #: _____ cell home work

EMERGENCY CONTACT #3 (First, Last): _____

Relationship to child: _____

PHONE #: _____ cell home work Alt. Ph #: _____ cell home work

MEDIA RELEASE

I hereby give permission for my child to be photographed during Hope Adventures. I understand the photos will be used to keep a journal of activities, to share during Presentations and/or shared with Hope Community, and for promotional purposes including flyers, brochures, newspaper and internet announcements - to include social media. I understand that although my child's photograph may be used for advertising, his/her identity will not be disclosed. I do not expect compensation and all photos are the property of Hope Adventures and its affiliates.

Parent/Guardian Initials _____

Medical Release Information

Medical Issue/ Allergy	Symptom	Required Treatment	Call Paramedic?
			YES NO
			YES NO
			YES NO
			YES NO

Is your child allergic to any type of food or medication? _____

Is your child presently being treated for an injury/illness, or taking any form of medication for any reason? If yes, please explain. _____

Insurance Information

Health Ins Provider _____ Policy Number _____

Name of Subscriber _____ Subscriber DOB _____

Hospital Preference _____

Primary Physician _____ Phone Number _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent/Guardian Initials _____

I understand that Hope Adventures, its staff, officers and volunteers, as well as Hope Community staff, pastors, directors and volunteers, will not be held responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent/Guardian Initials _____

Hope Adventures and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders.

I indemnify and hold harmless Hope Adventures, its affiliates, and/or its staff from any and all liability, claims, damage, injury or illness sustained by my child. I understand that while every attempt will be made to resolve behavior issues, Hope Adventures will not accept any children that are 1)a danger to themselves, 2) a danger to others, or 3)a disruption to the normal activities making it unreasonably difficult for other children to enjoy the camp program. Any of these reasons will be grounds for dismissal from the program. I also agree that I or one of the Emergency Contacts on this form will arrange immediate transportation for my child if removed from the program due to behavior. I understand no refunds will be given for children removed from the program for disciplinary reasons.

Parent/Guardian Signature _____ Date _____

Printed Name _____