

Consent for Medical Treatment & Liability Release Statement

Hope Missionary Church

As a participant in an activity sponsored by and hosted at Hope Missionary Church, I have reviewed the information about the activity and agree that I will abide by them.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I require medical attention during the activity, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment, and/or order an injection, anesthesia, or surgery as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by Hope Missionary Church and its agents during this activity. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Hope Missionary Church, its leaders, employees and volunteer staff liable for damages, losses, diseases or injuries incurred and hereby release them from liability for such damages, losses, diseases, and injuries.

I also consent to the use of any video images, photographs, audio recordings or any other visual reproduction that may be taken during the activity to be used, distributed or shown as Hope Missionary Church sees fit.

Printed Name of Participant: _____

Signature: _____ Date: _____

Address: _____

Emergency Phone: _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while participating in the activity.

Do you have medical insurance? Yes No

Name of Insurance Company: _____

Policy Number: _____ Group Number: _____

