

Liability Release & Medical Consent

*(sorry, but we have to have this
to take 'em with us)*

As parent/legal guardian of the child listed on the front of this form (my "child"), I have reviewed the information about the activity in which my child will participate and give my permission for him/her to be involved in this activity connected with Hope Missionary Church and its ministries. I have reviewed the rules of the activities with my child and instructed my child to abide by them.

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

If my child is in need of medical care, you will make every attempt to contact me as soon as possible, and any other person listed on this form. In a medical emergency, if I cannot be reached or I am not available, I give my permission and delegate to representatives of Hope Missionary Church the ability to consent to health care for my child, and authorize the healthcare professional selected by this authorized individual to hospitalize, to secure medical treatment, and/or order an injection, anesthesia, or surgery for my child 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 ministers, employees and volunteer staff liable for damages, losses, diseases or injuries incurred by my child during this activity and hereby RELEASE each and all of them from liability for such damages, losses, diseases, and injuries. I agree to indemnify and hold harmless Hope Missionary Church from any and all healthcare expenses incurred for the treatment of my child as a result of his/her participation in the activity.

Guardian Signature Date

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.

Do you have medical insurance? ____ Yes ____ No

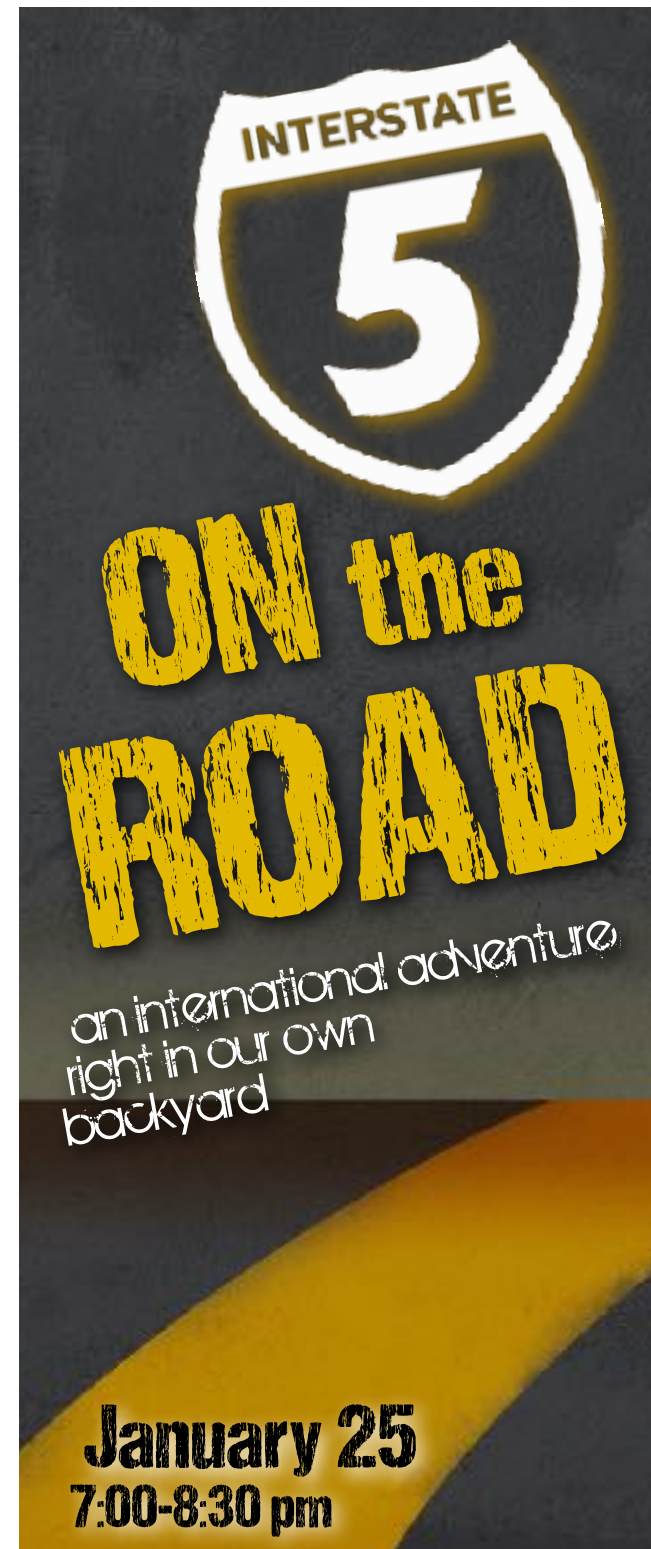
Name of Insurance Company

Policy Number Group Number

Interstate 5 is a gathering of awesome fifth grade students sponsored by Hope Missionary Church. We meet weekly on Wednesday evenings at 7:00 pm for games, teaching and fun. It's a fabulous crowd of young people, and we'd LOVE to have YOU join us!



Hope Missionary Church
429 E Dustman Rd
Bluffton, IN 46714
260-824-1844
www.hope4thefamily.com



ON the ROAD

We make no apology... we LOVE having fun in I-5! Our regular weekly meetings... lots of fun right alongside some serious learning and life-change. But we know there's still something MORE. We want our students to also develop a greater sense that the world's bigger than what's right around them. That's why...

We're taking the team **ON THE ROAD** on January 25 for an opportunity to stretch us (and the borders of our world) a bit!

We'll head over to the world headquarters of Loving Shepherd Ministries that's located right in Bluffton! Once we arrive, we'll be magically transported to Haiti...

We'll walk through a day in the life of a pre-teen in Haiti. LSM has a unique experience all set up for us to really get a feel for what it's like to be someone YOUR age growing up in Haiti. As a part of the experience, you will...

- sit in a typical school room
- visit a local market
- hang out in a home

We're confident that once you've spent some time in the shoes of a Haitian young person you'll have a whole new motivation to pray for those young people... and a whole new appreciation for the ways in which God has uniquely gifted YOU!

On January 25 the bus leaves PROMPTLY at **7:00 pm** from **Door G** and returns at 8:30 pm.

In the unlikely event of an emergency on the night of this activity, parents may contact Pastor Kent at 260-615-0557. Please use this number only in the event of an emergency.



ON the ROAD

January 25 • 7:00 - 8:30 pm

**Are you ready to stretch your world?
Awesome! All you have to do is...**

1. Fill out the front of this form.
2. NICELY ask mom or dad to complete and sign the back (with a please).
3. Bring this form when you come on January 25!
4. Invite a friend to come too!

Your Name: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Email: _____

If they need it, this student may be given:

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Benadryl |
| <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> A donut |

