

Liability Release & Medical Consent

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

The undersigned does hereby give permission for my above-named child to attend this event sponsored by Hope Missionary Church and to participate in all activities.

I authorize an adult in whose care the minor has been entrusted, to consent to an X-ray examination, anesthetic medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Acts on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Please Initial

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to the authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Please Initial

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in the activity sponsored by Hope Missionary Church.

Please Initial

The undersigned acknowledges that he or she is advised and aware of the nature of the activities planned for this event. I also understand that there is some risk inherent in such activities. I consent to the minor's full participation in such activities and agree to hold Hope Missionary Church and its agents and representatives harmless for any injury related directly or indirectly out of such activities or the transportation to or from such activities.

Please Initial

I further give permission for still or moving images of my dependent to be used by the church for promotional purposes in printed and/or electronic media.

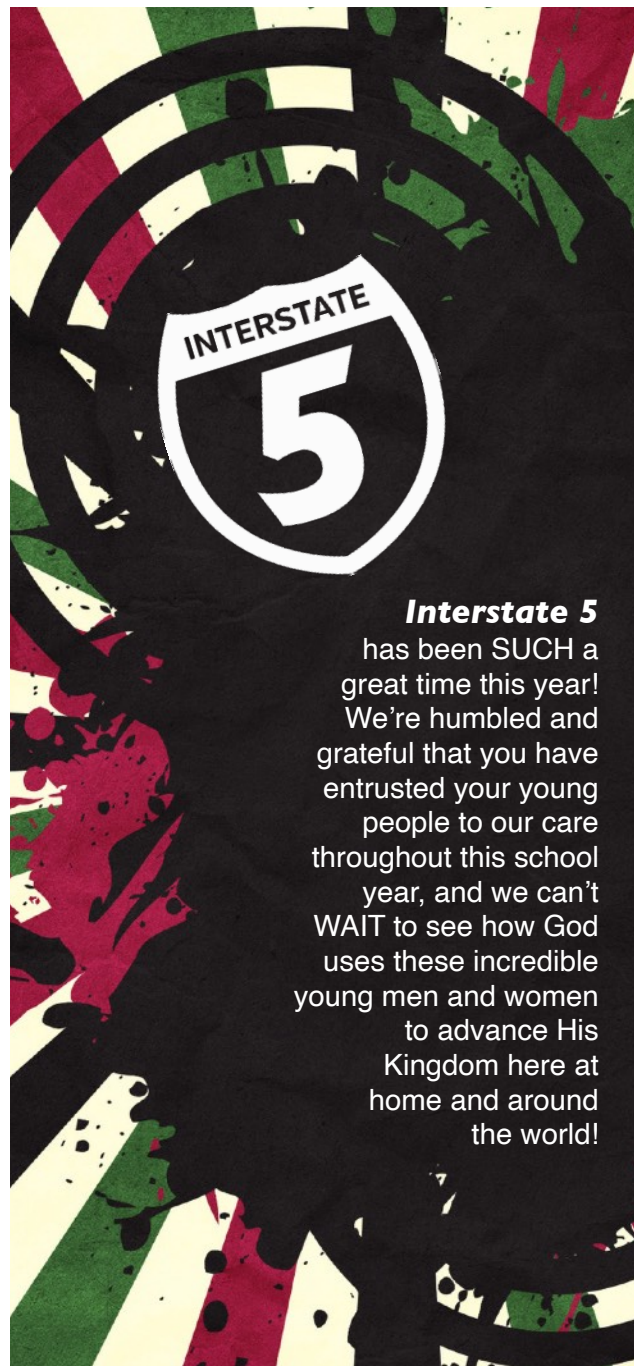
Please Initial

Guardian Signature

Date

Insurance Company

Policy Number



Interstate 5
has been SUCH a great time this year! We're humbled and grateful that you have entrusted your young people to our care throughout this school year, and we can't WAIT to see how God uses these incredible young men and women to advance His Kingdom here at home and around the world!

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

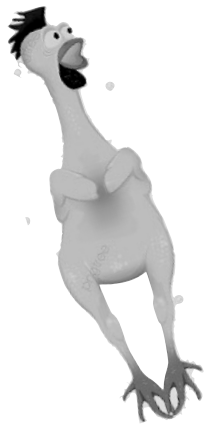


end of the year BASH

05.01.24 • 7:00 pm



As **Interstate 5** approaches the end of its run for this school year, we're SUPER excited to spend one last evening together to celebrate a GREAT year! We'll hop on the bus and head out to Ouabache State Park for an evening that's PACKED full of great stuff!



When you come to the END OF THE YEAR BASH, you'll find...

- a short hike to burn off some energy (you'll wanna wear shoes that might get a little muddy)
- snacks to help fill your belly— MAJOR LEAGUE CREAMERY!!!
- a couple memorable games
- a quick reminder of all that we've talked about this year together
- flying rubber chickens— yes, really, flying rubber chickens!

On May 1, the bus leaves PROMPTLY at 7:00 pm from Door G and returns at 8:30 pm.

RAIN PLAN: If it's raining on the evening of the BASH, we'll stick around Hope Church and create our own brand of fun.

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



Are you ready for all this fun? Great! All you have to do is...

1. Fill out this side of this form.
2. NICELY ask mom or dad to complete and sign the back.
3. Bring this form when you come on May 1 to Door G!
4. Invite a friend to come too— be sure they have one of these forms!

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 high-five |

