

**2014/2015 GOOD HOPE STUDENT MINISTRY
PERMISSION / MEDICAL RELEASE FORM**

PARENT OR LEGAL GUARDIAN INFORMATION

Parent or Legal Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home #: (____) _____ - _____ Work #: (____) _____ - _____ Emergency #: (____) _____ - _____

Email (Primary): _____ @ _____ . _____

Email (Secondary): _____ @ _____ . _____

MINOR(S) INFORMATION

1st Student's Name: _____ Grade: ____ Age: ____ Birth date: ____/____/____

2nd Student's Name: _____ Grade: ____ Age: ____ Birth date: ____/____/____

3rd Student's Name: _____ Grade: ____ Age: ____ Birth date: ____/____/____

4th Student's Name: _____ Grade: ____ Age: ____ Birth date: ____/____/____

INSURANCE INFORMATION

Company Name: _____ Account #: _____

Allergies: _____

Comments or medical information: _____

RELEASE FORM FOR MINOR(S)

The undersigned is the parent or legal guardian of the Minor(s) named above (hereinafter referred to as "Minor(s)"). The undersigned desires for said Minor(s) to attend and/or participate in ministries, events, programs, functions, and activities (hereinafter referred to as "Activity"), sponsored by, connected with, or related to Good Hope Baptist Church (hereinafter referred to as "Church"). I understand and acknowledge that Church will allow the Minor(s) to participate in any Church activity without releasing and holding the Church harmless from any liability arising out of the Minor(s) attendance and/or participation in that Activity, including the Minor(s) transportation to, during, and from the Activity, if provided by the Church. I have or will investigate all risks involved with the Minor(s) attendance and/or participation in any Activity, and further as the parent or legal guardian of said Minor(s) assume any and all risks of personal or bodily injury to said Minor(s) or property damages associated with said Activity. By signing this document, on behalf of myself and the Minor(s), I hereby release and forever discharge the Church its pastors, officers, directors and employees, agents and any parties volunteering on behalf of the Church from all claims, damages, costs or expenses of any kind arising out of or related to the Minor(s) attendance or participation in any Church Activity. I understand that this document is a full complete release of all claims for personal or bodily injury and property damage which the Minor(s) might sustain as the results of the Minor(s) attendance and/or participation in any Church Activity regardless of the specific cause thereof, and I further understand that in the event of such personal or bodily injury to the Minor(s), or property damage, that I cannot seek, on behalf of the Minor(s) or myself, any type of recovery or reimbursement whatsoever from the Church or their pastors, officers, directors, employees, agents or any parties volunteering on behalf of the Church.

MEDICAL RELEASE FOR MINOR(S)

In the event of an emergency where medical treatment is required I give my permission to the church staff or sponsor to obtain the services of a licensed physician for the Minor(s) listed above. Please attempt to notify me immediately concerning any such emergency.

X _____ **X** _____ / ____ / ____

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian Date