



## 2023 Eleven:59 General Event Release Form

### Consent and Agreement/Medical Release

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

### Acknowledgement of Release

I, \_\_\_\_\_, acknowledge that I am aware of and have investigated to the extent necessary all dangers and risks inherent in the activity listed above, including the risk of COVID-19 exposure or serious bodily injury or death. I believe and represent that I am (or the participant named above, if a minor is) healthy and physically able to participate safely in these activities. I agree to indemnify and hold harmless The Lord's House of Prayer and its employees, agents, volunteers, and/or officers from any liability arising from participation in the activity listed above. It is further acknowledged that any Lord's House of Prayer activity may involve transportation in a personal vehicle, a van, or a bus.

The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the Commonwealth of Pennsylvania.

**Participant (if over 18) or Parent/Legal Guardian Initials** \_\_\_\_\_

### Grant of Permission

I/we the undersigned (if minor, parents/guardians) hereby grant permission and authority to The Lord's House of Prayer and its officers and authorized employees, agents, or volunteers to act for us in executing verbal instructions or, if unable to contact us, to act for us in dealing with physicians, available ambulance companies, and hospitals, to obtain prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release The Lord's House of Prayer and its employees, agents, volunteers, and/or officers and hold harmless from liability of any injury, sickness, or damage sustained while participating in the activity listed above or participating in any activity sponsored by The Lord's House of Prayer and from any liability connected with obtaining prompt medical attention for the names above. It is further understood that I will be responsible for the costs of all medical services obtained pursuant to this authorization.

**Participant (if over 18) or Parent/Legal Guardian Initials** \_\_\_\_\_

### Image/Interview Release

In connection with participation in the above listed event/activity, I/we the undersigned (if minor, parents/guardians) hereby grant to The Lord's House of Prayer, its successors, and those acting under its authority the right to use participant's name, image, and/or interviews in all forms of media, including advertising and related promotions. I/we grant this right without compensation and release The Lord's House of Prayer, its successors, and those acting under its authority from any claim that may arise regarding such use, including claims of defamation, invasion of privacy, or infringement of rights of publicity or copyright.

**Participant (if over 18) or Parent/Legal Guardian Initials** \_\_\_\_\_

**Form continued on back of page**

Health Insurance

I/we the undersigned (if minor, parents/guardian) hereby confirm that the participant listed above has health insurance coverage that is effective as of the activity listed above.

**Participant (if over 18) or Parent/Legal Guardian Initials** \_\_\_\_\_

I/we the undersigned (if minor, parents/guardian) hereby confirm that the participant listed above does not have health insurance. I/we understand that we will personally assume all financial responsibility in the event of an injury, sickness, disability, or death that is associated with participation in the activity listed above and will indemnify and hold harmless The Lord's House of Prayer as acknowledged above.

**Participant (if over 18) or Parent/Legal Guardian Initials** \_\_\_\_\_

Signature

**If the youth is under the age of 18, the parent or legal guardian must read and initial each section above and sign below, indicating his/her acceptance.**

**This agreement covers youth events for 2023. Off-site and overnight events will require a separate form.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature (if participant is under 18) \_\_\_\_\_ Date: \_\_\_\_\_

Medical Information

**Date of last tetanus shot:** \_\_\_\_\_

**Pertinent medical information, including allergies, and prescription medications:**

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**Insurance information (must complete for the new year, 2023):**

Name of Insurance Company \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_