

Port City Project Emergency Contact and Medical Information

_____ Name	_____ Date of Birth	<input type="checkbox"/> M <input type="checkbox"/> F Sex
_____ Parent's/Guardian's Name (if under 18)	_____ Emergency Contact	
() _____ Home Phone	() _____ Work Phone	() _____ Work Phone
_____ Address	_____ Address	
_____ City, ST ZIP Code	_____ City, ST ZIP Code	

Medical Information

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number
_____ Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for myself/ my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ Signature (Parent's/ Guardian's Signature if under 18)	_____ Date
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Release of Liability

Whereas, the undersigned participant wishes to be accepted for participation in the Port City Project which is organized by Vigilant Hope, INC. of Wilmington, NC and regarding Vigilant Hope, INC.'s action in allowing the applicant to participate in such activities or programs, the undersigned acknowledges that the activity does involve certain risks. The activities are designed to allow the participant to broaden their understanding of various Christian values, socio-economic differences, ethnic and racial diversity, cultural appreciation, team building, character development, and/or enrichment opportunities. These activities include those listed above, but are not limited to activities in a lower income neighborhood in Wilmington, NC. I understand that participants are exposed to risks including physical injury and/or strenuous physical activity. I further understand that immediate medical treatment may be difficult or delayed. Risks may also include damage or loss of personal property, physical and psychological risk through elements of nature, travel by vehicle, walking, or other conveyance, and direct contact with people from various backgrounds.

In consideration of the above, I have and do hereby assume all the above risks and any other ordinary risk incidental to the nature of the program, including risks which are not specifically foreseeable, and will hold harmless and indemnify Vigilant Hope, its Board of Directors, employees, agents, and/or Associates from any and all liability. The terms hereof, and my signature on this document shall serve as a release and assumption of risk, and shall bind my heirs, representatives, executors, administrators, successors and assigns and for all members of my family, including any minors accompanying me. I also state that I will assume responsibility for any damage or loss to physical property or expenses incurred due to negligent or irresponsible behavior. I understand that my participation in this Vigilant Hope program is entirely VOLUNTARY.

My signature also gives my permission and accepts financial responsibility, as well, for first aid treatment and/or professional medical attention if needed. I also give permission for photographing of myself, or my child, during the activities and use of those pictures or video by Vigilant Hope, INC.

_____ Signature (Parent's/ Guardian's Signature if under 18)	_____ Date
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