

# Harvest Students Ministry of Harvest Bible Chapel Indy South

## WAIVER OF LIABILITY, MEDICAL RELEASE AND CONSENT TO PARTICIPATE

*June 13, 2018 – June 17, 2018*

NAME OF MINOR \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

GRADE LEVEL AS OF June 13 \_\_\_\_\_ SCHOOL \_\_\_\_\_ GENDER (M/F) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/GUARDIAN NAME(S) \_\_\_\_\_

PARENT/GUARDIAN MOBILE PHONE(S) \_\_\_\_\_

PARENT/GUARDIAN WORK PHONE(S) \_\_\_\_\_

PARENT/GUARDIAN EMAIL(S) \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP TO MINOR \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

NAME OF MEDICAL INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ DOCTOR'S PHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICATIONS/DOSAGE \_\_\_\_\_

CHRONIC ILLNESS \_\_\_\_\_ DATE OF LAST TETANUS SHOT \_\_\_\_\_

OTHER HEALTH INFORMATION \_\_\_\_\_

I, the undersigned, hereby give permission for my minor child (named above) to attend this event sponsored by Harvest Bible Chapel Indy South and its ministries (hereafter referred to as "HIS") and to participate in all related activities and ministry events from **June 13, 2018 to June 17, 2018**.

1. I authorize an adult to provide emergency first aid and consent to ambulance, paramedic, x-ray examination, anesthetic, medical, surgical, or dental diagnosis and/or treatment and/or hospital or clinical care to be rendered to my child under the general or special supervision and on the advice of any licensed physician or licensed dentist or on the medical staff of a licensed hospital or clinic, whether such diagnosis or treatment is rendered at the office of said physician, dentist or at said hospital or clinic.

2. I agree to be liable for and pay all costs and expenses incurred in connection with such ambulance, medical, dental and hospital services rendered to my child pursuant to this authorization. If it is necessary for my child to return home due to medical or other reasons, I agree to pay for all transportation costs.

3. I give permission for my child to ride in any vehicle designated by an adult leader or chaperone from or affiliated with HIS while participating in the activity. I agree to hold the driver and/or owner of any such vehicle harmless for any accidents or injuries sustained there from.

4. I understand there are risks of bodily injury, disability, paralysis and/or death to my minor child and damage to property in any event that involves travel or other activities. I agree to assume and incur all the risks that may be encountered by my child and to my property in this event and all related activities to the extent permitted under Indiana law.

5. I agree to release and hold harmless HIS and their members, employees, volunteers and agents from any and all liability, actions, causes of actions, claims, expenses and damages on account of any and all negligence of any HIS member, volunteer, agent or any person participating in or person attending the event which results in injury to or death of my child or damage to my property, which I now have or which may arise in the future on behalf of my child or of my own in connection with this event and all related activities to the extent permitted under Indiana law.

6. I agree to indemnify HIS for any and all claims and/or lawsuits arising out of any injury or death to my child, medical treatment to my child, or damage to my child's or my property.

7. I release to HIS all right, title, and interest for any likeness of my child in photographic images and/or video or audio recordings made by HIS and its agents during my child's participation in this event and give permission for such to be used for promotional purposes in printed and/or electronic media.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_