



PARENTAL AUTHORIZATION, CONSENT AND RELEASE

I, _____ (name of parent or guardian) am the parent or legal guardian of

_____ (name of minor) who was born on ____/____/____ (birth date). I warrant that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent or legal guardian of _____ (name of minor), I certify and affirm that I have been completely and thoroughly informed that as a minor attending Hope Evangelical Free Church, my child will participate in certain activities that carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

1. Physical activities, both indoors and outdoors
2. Sports, both informal and organized
3. Use of recreational equipment
4. Field trips, both on and off campus
5. Travel by automobile
6. Activities around water, including swimming and boating
7. Hiking
8. Camping

I acknowledge and understand that Hope Evangelical Free Church (Hope EFC) may offer other activities not listed above that present similar risks or dangers to my child. I consent to my child's participation in these activities. I acknowledge and understand that this Parental Authorization, Consent and Release has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities and to use Hope EFC's equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Hope EFC from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of Hope EFC's equipment and facilities.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in New Mexico or any health care professional duly licensed to provide health care services in New Mexico for medical care and services deemed necessary by Hope EFC, its agents, servants and employees. I give permission to the doctor or healthcare professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform Hope EFC of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while at Hope EFC.

Should the need for medical attention arise, Hope EFC will attempt to contact me as soon as practicable under the circumstances.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Hope EFC on the basis of any claim from which I have released them herein.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have fully informed myself of the contents of this Parental Authorization, Consent And Release by reading it before I signed it.

Signature

Signature

Print Full Name

Print Full Name

____/____/____
Date

____/____/____
Date

General Information

Minor's Name _____

Parent or Guardian _____

Birthdate ____/____/____ Age ____ Grade ____

Address _____

City _____ State ____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Emergency Name and Phone Number _____

Emergency Name and Phone Number (other than parent) _____

Medical Information

Adult leader may administer the following to my child (check if applicable):

Cough Drops Cough Syrup Acetaminophen (Tylenol) Ibuprofen (Advil)

Decongestant (Sudafed) Allergy (Claritin) Antihistamine (Benadryl)

Operations or serious injuries (with dates): _____

Special medical conditions, allergies or any currently used medication: _____

Insurance Provider _____

Policy Number _____

Hospital Preference _____

Physician's Name _____ Phone _____