

My child (#3): (check applicable boxes)
___ has no existing medical conditions that would endanger him/her from participating.
___ has a medical condition that is being treated and poses no danger to his/her participation.
___ wears glasses or contacts
___ other: _____

My child (#4): (check applicable boxes)
___ has no existing medical conditions that would endanger him/her from participating.
___ has a medical condition that is being treated and poses no danger to his/her participation.
___ wears glasses or contacts
___ other: _____

Please list any allergies to drugs, foods, plants, insects, etc:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Please list any prescription medication (and dosage information) to be taken by the participant

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

*No medications will be administered to minors without written instruction from legal guardian.

Please list any additional information relevant to participating in Hopewell Missionary Baptist Church activities (surgeries; serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Publicity, Photography and Media Release:

You have received this parental consent form to both inform you and to request your permission for your child’s photo/image and name to be published on church or facility materials and/or any other websites maintained, owned, and/or administrated (“Hopewell Missionary Baptist Church Websites”) by Hopewell Missionary Baptist Church or guest facilities that this permission form covers. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes youth names, age, grade, and photo or image. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Youth Pastor and such rescission will take effect upon receipt.

Check one of the following choices:

____ I/We GRANT permission for this youth's photo/image and all other personal identifiers listed above to be published on the Hopewell Missionary Baptist Church public website or any site operated by Hopewell Missionary Baptist Church.

____ I/We GRANT permission for ONLY a photo/image that includes this youth without any other personal identifiers to be published on the Hopewell Missionary Baptist Church public website or any site operated by Hopewell Missionary Baptist Church.

____ I/We DO NOT GRANT permission for photo/image that includes this youth to be published on the Hopewell Missionary Baptist Church public website or any site operated by Hopewell Missionary Baptist Church.

Functions and Activities:

It is my understanding the participants in the program and recreational and other activities of Hopewell Missionary Baptist Church (HMBC) are a privilege. Prior to my participation in activities, I acknowledge there are certain risks associated with the activities, including by way of example, physical injury due to activity-related accidents, or physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this permission/waiver form, I expressly warrant that the student(s) named above, or I (if I am the participant) am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities whether such risks are known or unknown to me at this time. I further release Hopewell Missionary Baptist Church (HMBC), and its ministers, leaders, employees, volunteers, and agents from any claim that my child or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability is also intended to cover all claims that members of the student or my family or estate, heirs, representative, or assigns may have against HMBC and its ministers, leaders, employees, volunteers, and agents. I further agree to indemnify and hold harmless HMBC and its ministers, leaders, employees, volunteers, and agents from any claims arising from my participation of its activities and programs, or as a result of injury or illness of my child during such activities.

**The church is released of all liability for those who do not have medical coverage, and cannot be responsible for payment of medical expenses incurred during activities. Individuals not having adequate coverage assume the risk of injury and all expenses related with the associated injury.

Custody Release

I give permission for my child(ren) to take part in **HOPEWELL MISSIONARY BAPTIST CHURCH SERVICES AND EVENTS** and agree that the youth ministry leadership team at Hopewell Missionary Baptist Church will not be held responsible for any injuries or illnesses that my child sustains during the (activity or trip). I understand that the student(s) named above, or I, will be participating in activities from this date forward. I understand that, during this period, my child/ward, or I, if I am an adult participant, may take part in activities such as: Conferences, Camps, trips, outreaches, field days, workdays, skating, and other activities consistent with the purpose of the church.

I represent that I am the parent/guardian of 1. _____, 2. _____, 3. _____, and 4. _____, who is/are under 18 years of age. I have read the permission/waiver and am familiar with the contents there of. I give permission for the named above to participate in the activities of Hopewell Missionary Baptist Church, including any special events/activities described above. In consideration for allowing the participant of the child of the activities of Hopewell Missionary Baptist Church, I hereby consent to the permission/waiver form, shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

I further authorize the Pastor of the Youth Ministry or a designated adult representative of Hopewell Missionary Baptist Church to receive physical custody of my child(ren) upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult. In the event that I cannot be contacted in an emergency, I authorize the physician or hospital selected by the leader to provide treatment, including hospitalization, for my child.

PRINT NAME

Signature of Parent or Legal Guardian:

Date:

PRINT NAME

Signature of Parent or Legal Guardian:

Date: