



New Hope Christian Church **Release of Liability Form for Child/Youth/Adult/Sponsor**
(Covers all Events for 2018)

New Hope Christian Church // PO BOX 669, 9850 FM 1660 South // Hutto, Texas 78634 // 512.759.2665

Child/Youth/Sponsor/Adult Name: _____

Address, City, Zip: _____

Phone Contact: _____ Age: _____ Birthdate: _____

*I understand that a current New Hope Medical Form (no more than a year old) must be on file for the Individual named above. If the individual Medical Form & Release of Liability Forms are not completely filled out and turned in, the individual will not be allowed to participate in activities. Parents/Guardians, and/or Sponsors, please initial that both forms are/will be completed. Initial Here: _____

Events Acknowledgement:

I understand that this form will cover all activities for the year 2018 sponsored by New Hope Christian Church. It covers all Events specifically hosted and/or sponsored under New Hope Christian Church. These events may be held at the church building, or at off-site locations. I also understand that transportation may be given by others for the above individual to and from these events. If, at any point, you do not grant release of liability for a specific event, you must present, in writing, prior to the event a written statement with signature. I agree to abide by this clause. Initial Here: _____

I, the parent or legal guardian of the child/youth listed on this form, or the sponsor/adult attending, certify that the above named person has my full permission and approval to participate in the above activities and programs. (If from a divorce/separated relationship, I also certify that I have legal authority to sign this form for the youth/child.) I release and agree to indemnify and hold blameless from bodily injury or death, New Hope Christian Church and others not limited to, but including its' staff, sponsors, leadership board, volunteers, and transportation drivers from any claim arising, or which may be asserted by me, my child, or by any other family member, relative, or friend by reason of participating in the activities and programs. I also agree myself, my child, nor any family member, relative, or friend will not hold liable any property owners (Home or Vehicle) associated with New Hope Christian Church including but not limited to its staff, sponsors, leadership board, or volunteers that may be associated with this activity.

I understand that rules will be laid out before the activity or event begins. These rules are given for the safety of all individuals attending. For Parents of Children/Youth: It is my child/youth's responsibility to listen to and obey all rules given. I understand that any breaking of rules could result in my child/youth being sent home. If my child/youth is sent home, I will agree to pick up my child/youth in a timely manner at a location convenient to the sponsor(s) that is responsible for or assisting with the above activity. This may mean picking up my child/youth at the activity location, itself. My child/youth and I have read this form, and he/she understands his/her responsibilities and agrees to obey all rules.

I understand photos and/or videos may be made with the above named individual to post on our website, social media, advertisements, promotions, videos, etc., and I give my permission and consent to publish.

As parent of a child/youth attending or if the Sponsor attending, I have asked all questions I have about the activity and am satisfied with the answers. I understand and agree to all risks that may occur by participating. I further state that I have carefully read the foregoing release and know the contents thereof, the rules, and I sign this release as my own free act and in sound mind. This is a legally binding agreement, which I have read and completely understand.

Parent/Guardian/Sponsor Signature: _____ Date: _____

Parent/Guardian/Sponsor Printed Name: _____

Child/Youth Signature: _____ Date: _____



New Hope Christian Church **Medical Form for year 2018**

(must be completed only once each year or when information changes)

(All Students & Student Sponsors/Volunteers must complete this form)

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Please Indicate Student or Sponsor/Volunteer/Adult: _____ **Male/Female:** _____

Student/Sponsor/Volunteer/Adult Name: _____

Address, City, Zip: _____

Best Contact Phone: _____ **Age:** _____ **Birthdate:** _____

MEDICAL INFORMATION: **Immunizations Current:** _____

Date of Tetanus Vaccination: _____ **Any Allergies:** _____

Medications being taken: _____

List any health conditions or special information the sponsor/leader should know: _____

INSURANCE INFORMATION: **Insurance Company Name:** _____

Policy Number: _____ **Group Number:** _____

Insurance Policy Holder Name: _____

Doctor Name: _____ **Doctor Phone:** _____

CONTACT INFORMATION: (List 2 persons to contact in case of emergency.) In all cases, we will try and contact the parent/legal guardian listed below first, but please know that in some cases, medical treatment may be necessary before a parent/legal guardian can be contacted. **Initial your acknowledgement of this:** _____

(1) Name of Parent/Guardian/Contact: _____

Address, City, Zip: _____

Phone Numbers: **Cell:** _____ **Home:** _____ **Work:** _____

(2) Contact Name: _____

Address, City, Zip: _____

Phone Numbers: **Cell:** _____ **Home:** _____ **Work:** _____

I release the leaders/sponsors to seek and provide any medical attention including, but not limited to dental, emergency, hospital, ambulance, doctor, etc. if needed, and I have legal authority to grant this right.

Signature of Parent/Guardian/Sponsor/Volunteer/Adult: _____ **Date:** _____

(This will be kept in a private file and taken on activities as necessary in 2018.)