



CONSENT, RELEASE FROM LIABILITY, MEDICAL CONSENT & ACTIVITIES RELEASE FORM Rev 4/17/09

I, _____ hereby acknowledge that it is my desire (for my child) to participate in church-sponsored activities at Living Hope Fellowship, including activities on and/or away from the church premises as well as transportation to and from such activities and trips to foreign countries.

I AM (MY CHILD IS) VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR ILLNESS AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting me (my child) to participate in such activities, including the transportation to and from such activities, I hereby release and discharge Living Hope Fellowship, its officers, employees, agents and members of the Board of Trustees from all actions, claims or demands I and my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from any and all activities, howsoever caused, by such church officers, employees, agents, and Board of Trustees, before or during my participation in such church-sponsored activities on and/or away from the church premises, including transportation to and from such activities.

Personal Information:

Student Name (last, first): _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Grade: _____ Gender: M ___ F ___

Emergency Contact #1:

Name: _____

Home Phone: _____

Cell Phone: _____

Relationship: _____

Emergency Contact #2:

Name: _____

Home Phone: _____

Cell Phone: _____

Relationship: _____

Medical Information:

Insurance Company: _____ Policy #: _____

Doctor's Name and/or Clinic: _____ Phone #: _____

Health History:

Is your child under a doctor's care for or do they take medication for any health-related conditions?(Please list)

If yes, please list any medications (both prescription and over the counter) that your child will need to have access to while at camp.

Please note that for the safety of all campers, all medications, both prescription and over the counter, must be placed in the possession of the camp nurse during check-in on departure day. If your child needs unlimited access to a particular medication (i.e. an inhaler) please consult with the camp nurse for further direction. All medications not submitted to the camp nurse will be confiscated by camp staff.

Is your child allergic to any perscription or over the counter medications? (Please list) _____

Will your child require any other special considerations during their stay at camp? (Dietary needs, etc.) _____

Date of last Tetanus Shot _____/_____/____



CONSENT, RELEASE FROM LIABILITY, MEDICAL CONSENT & ACTIVITIES RELEASE FORM PART II

Please initial (Parent/Gardian if under 18):

_____ I take full responsibility for any damages to property that I (or my child) may cause while participating in activities and events affiliated with Generation Church, and agree to pay all expenses of damage repair

_____ I give my child permission to participate in the following activities: transportation to and from the camp site, including any day trips taken during time of camp, all water activities (swimming, tubing, recreational involving water crafts), sporting activities (team activities, night games, activities utilized by the camp's facilities, etc.)

Any activity restrictions:

This health history is correct, so far as I know. I hereby give my permission to the physician, nurse, dentist, or qualified personnel selected by Living Hope Fellowship to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of myself (my child) for physical illness or injury that I/he/she may sustain during or while being transported to this activity. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND SIGN IT OF MY OWN FREE WILL. THIS CONSENT, RELEASE FROM LIABILITY, and MEDICAL CONSENT shall remain effective until revoked in writing and delivered to any officer, employee or agent of Living Hope Fellowship.

Signature: _____
(Parent/ guardian if under 18)

Date: ____/____/2009