

# HOPE CHRISTIAN CHURCH

9273 Coach Stop Road  
Columbia, Illinois  
618-939-9089

## Discipline, Liability & Medical Release Form

Check One:  Sponsor  Student

Duration of release: 2009

Individual's Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_ H.S. Graduation Year \_\_\_\_\_

Name of Parents/Legal Guardians (with whom you live) \_\_\_\_\_

Church You are Attending with \_\_\_\_\_

City/State \_\_\_\_\_ Group Leader's Name \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Known Allergies and Reactions \_\_\_\_\_

Medications Currently Taking \_\_\_\_\_

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I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in this activity sponsored by Hope Christian Church. The individual identified on this form understands that all students are expected to abide by the rules and be directly responsible to the Hope Christian Church Youth Leader. Hope Christian Church assumes responsibility for discipline at the event and, if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning the student home.

Further, I do release and hereby agree to hold blameless Hope Christian Church and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Hope Christian Church. I also release the lessor of properties on which the event is held. **I agree to pay for any damages to Hope Christian Church or lessor facilities as determined by Hope Christian Church or other officials. I understand that neither Hope Christian Church nor others will bear any liability or responsibility for property of the above named which is damaged, stolen, or lost during the event. I have been advised that participants should not bring electronics or other valuables to this event and if participant chooses to do so it is at his or her own risk.**

Further, I do authorize the minister or sponsor of this activity or any Hope Christian Church staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that said child is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Individual Named Above \_\_\_\_\_

Printed Name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of the Parent/Legal Guardian \_\_\_\_\_

Person to notify if you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_