



Permission/Release Form: Hope Lutheran Church (To be completed by both Youth and Adult)

Name of Participant (please print) _____

The following permission form is valid for all single day outings or events your child will attend with Hope from September 1st 2024 through August 31st 2025.

Liability Release Agreement:

I/We fully understand that there are inherent risks involved in any event/travel opportunity/ministry function, and I/We hereby fully release Hope Lutheran Church (Cranberry Twp. PA), it's staff and volunteer leaders from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my/our involvement with Hope Lutheran Church. I understand that during this ministry I/My child may be photographed or videotaped for promotional materials.

Transport Home Agreement for Students:

I/We the undersigned, are the parents having legal custody or the legal guardians of the above-named participant, a minor and have given our consent for her/him to attend this ministry event sponsored by or with Hope Lutheran Church, or are of legal consenting age myself. I/We understand that a member of the Hope Staff or a volunteer with the ministry may need to send a participant home because of illness or discipline. I/We understand if the participant named above is dismissed from the ministry, I/She will be transported home at My/Our expense. Hope staff or volunteers will attempt to contact the parent or guardian to arrange such transportation.

Medical Release Agreement:

I/We the undersigned are the parents having legal custody, or the legal guardians of the above-named participant, a minor and have given our consent for him/her to attend this ministry event sponsored by or with Hope Lutheran Church, or are of consenting age myself. In the event that I/she/he is injured while attending the trip and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refused to administer without my/our consent, I/We hereby authorize Hope Lutheran Church staff and/or volunteers to give such consent, I/We agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/We also acknowledge that I/We will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/We affirm that the health insurance information provided below is accurate at this date and will, to the best of my knowledge still be in force for the participant named above at the time of our events.

Medical Information:

Name of Insurance company: _____

Personal Care Physician: _____

Alternate Emergency Contact # _____

Full Name of Attendee: _____ Date of Birth: _____

Home Address: _____ Main Phone #: _____

Signature of Attendee: _____ Date: _____

Signature of Guardian _____ Date: _____