

Harvest Students Ministry of
Harvest Bible Chapel North Indianapolis

WAIVER OF LIABILITY, MEDICAL RELEASE AND CONSENT TO PARTICIPATE
August 1, 2011 – July 31, 2012

NAME OF MINOR _____
DATE OF BIRTH _____ GRADE LEVEL _____ SCHOOL _____ GENDER (M/F) _____
HOME PHONE _____ EMAIL _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN NAME(S) _____
PARENT/GUARDIAN MOBILE PHONE(S) _____
PARENT/GUARDIAN WORK PHONE(S) _____
PARENT/GUARDIAN EMAIL(S) _____

ALTERNATE EMERGENCY CONTACT _____ RELATIONSHIP TO MINOR _____
HOME PHONE _____ MOBILE PHONE _____

NAME OF MEDICAL INSURANCE COMPANY _____
POLICY NUMBER _____ GROUP NUMBER _____
FAMILY DOCTOR _____ DOCTOR'S PHONE _____

ALLERGIES _____
MEDICATIONS/DOSAGE _____
CHRONIC ILLNESS _____ DATE OF LAST TETANUS SHOT _____
OTHER HEALTH INFORMATION _____

I, the undersigned, hereby give permission for my minor child (named above) to attend all events sponsored by Harvest Bible Chapel North Indianapolis and its ministries (hereafter referred to as "HBCNI") and to participate in all related ministry events and activities from **August 1, 2011 to July 31, 2012**.

1. I authorize an adult to provide emergency first aid and consent to ambulance, paramedic, x-ray examination, anesthetic, medical, surgical, or dental diagnosis and/or treatment and/or hospital or clinical care to be rendered to my child under the general or special supervision and on the advice of any licensed physician or licensed dentist or on the medical staff of a licensed hospital or clinic, whether such diagnosis or treatment is rendered at the office of said physician, dentist or at said hospital or clinic.
2. I agree to be liable for and pay all costs and expenses incurred in connection with such ambulance, medical, dental and hospital services rendered to my child pursuant to this authorization. If it is necessary for my child to return home due to medical or other reasons, I agree to pay for all transportation costs.
3. I give permission for my child to ride in any vehicle designated by an adult leader or chaperone from or affiliated with HBCNI while participating in a ministry activity. I agree to hold the driver and/or owner of any such vehicle harmless for any accidents or injuries sustained therefrom.
4. I understand there are risks of bodily injury, disability, paralysis and/or death to my minor child and damage to property in any event that involves travel or other activities. I agree to assume and incur all the risks that may be encountered by my child and to my property in a ministry event and all related activities to the extent permitted under Indiana law.
5. I agree to release and hold harmless HBCNI and their members, employees, volunteers and agents from any and all liability, actions, causes of actions, claims, expenses and damages on account of any and all negligence of any HBCNI member, volunteer, agent or any person participating in or person attending an event which results in injury to or death of my child or damage to my property, which I now have or which may arise in the future on behalf of my child or of my own in connection with any ministry event and all related activities to the extent permitted under Indiana law.
6. I agree to indemnify HBCNI for any and all claims and/or lawsuits arising out of any injury or death to my child, medical treatment to my child, or damage to my child's or my property.
7. I release to HBCNI all right, title, and interest for any likeness of my child in photographic images and/or video or audio recordings made by HBCNI and its agents during my child's participation in any ministry event and give permission for such to be used for promotional purposes in printed and/or electronic media.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PRINTED NAME _____