



**IgniteHOPEchurch**

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## 2022-2023 Youth Ministry Activities Permission/Waiver Form

**Both sides/pages of this form must be read, filled out, and signed by Parent or Legal Guardian and turned in to IgniteHOPE in order for minor participant to participate in IgniteHOPE youth ministry functions, activities, trips, camps, retreats and etc.**

### Functions and Activities

Events and Field Trips - *I understand that the child named above will be participating in Youth Events during 2022-2023*

It is my understanding that participating in the programs and recreational and other activities of IgniteHOPE is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity related accidents, physical injury due to transportation related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

### Child/Participant Info

Name of Child (please print) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Primary Email \_\_\_\_\_

Age of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Academic Grade \_\_\_\_\_

School \_\_\_\_\_

### Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release IgniteHOPE's employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against IgniteHOPE or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless IgniteHOPE and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

### Parent / Guardian Contact Info

Parent(s) or legal guardian(s) of participant \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

### Emergency Contacts

Names of other persons and telephone numbers to call in case of emergency

Name \_\_\_\_\_ Relation \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

### **First Aid and Emergency Medical Treatment**

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of IgniteHOPE to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

### **Health Insurance Information**

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

Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

### **Medical History**

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

### **Other Information**

Other information leaders should know about the participant

### **For Use Only if the Participant is a Minor (Under the age of 18)**

I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age.

I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of IgniteHOPE, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of IgniteHOPE, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_