Hope Center Covenant Church
Parental Consent and Release

I, the undersigned, certify that I am the parent / legal guardian of _____,
(Student's Full Name)
a minor, and that the Student is in good physical condition and able to participate in all activities for young people sponsored by Hope Center Covenant Church (the "Church"). I consent to the participation of the Student in any activity for young people sponsored by the Church in which the Student elects to participate ("Permitted Activities").

In case of physical injury, illness or medical emergency of Student, I ask that you, the Church representatives, make reasonable attempts to contact me; however, if I cannot be reached, I authorize you to contact our family physician if he / she can be reached, and to take whatever measures are necessary to ensure the safety of the Student. This authorization and consent authorizes physicians, dentists and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licenses, technicians or nurses to render the diagnosis, treatment or care they deem advisable for the Student in the exercise of their best professional judgment. I understand that every reasonable attempt to contact me will be made before providing diagnosis, treatment or care, time and conditions permitting, but that diagnosis, treatment or care may be provided in an emergency without my consent.

RELEASE

THE UNDERSIGNED PARENTS, PARENT OR GUARDIAN TAKE FULL RESPONSIBILITY FOR ANY INJURIES INCURRED BY THE STUDENT, EITHER IN TRANSPORTATION TO OR FROM OR AT PERMITTED ACTIVITES, AND AGREE TO RELEASE THE CHURCH AND ITS TRUSTEES, OFFICERS, DIRECTORS, EMPLOYEES, MEMBERS AND VOLUNTEERS ("RELEASEES") FROM AND AGAINST ANY LOSS, LIABILITY OR CLAIM FOR PHYSICAL OR BODILY INJURY OR DEATH TO THE MINOR STUDENT ARISING OUT OF NEGLIGENCE OF THE RELEASEES IN CONNECTION WITH OR RELATED TO PERMITTED ACTIVIES. THIS RELEASE APPLIES ONLY TO CLAIMS WHICH ARE IN EXCESS OF LIABILITY INSURANCE COVERAGE WHICH THE CHURCH HAS OBTAINED, OR TO CLAIMS FOR WHICH THERE IS NO LIABILITY INSURANCE COVERAGE. FOR MULTIPLE CLAIMS ARISING OUT OF THE SAME INCIDENT, AVAILABLE INSURANCE COVERAGE WILL BE PRORATED AMONG THE CLAIMANTS IF THERE IS INSUFFICIENT COVERAGE FOR ALL

MEDIA RELEASE

I, the undersigned, do hereby consent and agree that Hope Center Covenant Church, its employees, volunteers, and agents have the right to take photographs, videotape, or digital recordings of me and/or my minor child/children and to use them on the Hope Center website and/or social media accounts, exclusively for the purpose of showing real people on their website and/or social media accounts. I do hereby release to Hope Center Covenant Church, its employees, volunteers, and agents all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in the Hope Center website and/or social media accounts. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I also understand that Hope Center Covenant Church, its employees, volunteers, and agents are not responsible for any expense or liability incurred, including medical expenses due to any sickness or injury incurred, as a result of my participation in a recording.

This authorization is effective from June 1, 2026 through September 30, 2027.
I /We, the Parent(s), understand that this form does not automatically register the minor student for every activity sponsored by the Church within the above referenced dates and that specific registration will need to be submitted for each event. This form is for having parental consent and will be kept on file only for the above referenced time. To register for specific events, please send an email to dheiden@hopecenter.cc or tloux@hopecenter.cc.

The undersigned parents, parent or guardian represent to the Church that the minor Student listed above is currently covered by health insurance which applies to injuries arising out of Permitted Activities.

SIGNATURES OF PARENT(S) / GUARDIAN(S)
Both parents must sign unless only one parent has custody

I / We have read and agree to all of the above terms, including without limitation to consent for my / our child, the above Student, to participate in Hope Center Covenant Church youth activities, medical treatment consent, and release of liability.

_____	_____	_____
Parent / Guardian Signature	**Parent / Guardian Printed Name**	**Date**
_____	_____	_____
Parent / Guardian Signature	**Parent / Guardian Printed Name**	**Date**

STUDENT PARTICIPATION FORM
(Contact, Medical and Insurance Information, Parental and Medical Treatment Consent and Release)

CONTACT INFORMATION

Student Name: _____ Birth Date: _____

School: _____ Student (Adult) T-shirt Size _____ Grade (6-12) _____

Student's Home Address: _____

Student's Home Phone: _____ Student's Cell Phone: _____ Student's Cell Carrier: _____

Student's Email: _____

Family/Primary Contact Email: _____ Family/Primary Contact Home/Cell#: _____

Parent / Guardian 1 Name: _____

Address: _____

Home Phone: _____Parent Work Phone: _____ Parent Cell Phone: _____

Parent Email: _____ Parent Cell Carrier: _____

Parent / Guardian 2 Name: _____

Address: _____

Home Phone: _____Parent Work Phone: _____ Parent Cell Phone: _____

Parent Email: _____ Parent Cell Carrier: _____

MEDICAL AND INSURANCE INFORMATION

Name of person to notify if parent / guardian is unavailable:_____

Phone: _____ Cell: _____ Relationship to Student: _____

Family Physician: _____ Phone Number: _____

Date of Last Tetanus Booster:_____ Allergies: _____

Any medical conditions which could limit participation in activities:

_____

Please list any/all prescribed medications student is currently taking _____

Medical Insurance Carrier: _____ Policy Number: _____

Policy Holder's Name: _____ Policy Holder's DOB: _____
(required by ER's for emergency treatment of student)

OTHER INFORMATION WE SHOULD KNOW
(allergies, additional medication information, etc.)

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