

Living Hope Medical Release Agreement

CIY Move: June 20-25, 2016

PARTICIPANT'S NAME: _____

PARENT'S NAME: _____

PHONE NUMBER: _____

ALTERNATIVE PHONE NUMBER: _____

Liability Release Agreement

I/We understand that there are inherent risks involved with any mission trip or group outing, and hereby release Living Hope Christian Church, its staff and volunteer workers from any and all liability due to any injury, loss or damage to persons or property that may occur during involvement with Living Hope Christian Church during the event listed above.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Medical Release Agreement

(I)/(We), the undersigned, parents(s) of _____, do hereby authorize the adult leaders of Living Hope Christian Church, as agent(s) for the undersigned, to consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is necessary, which a physician and/or hospital personnel cannot administer without parental consent, it is understood that Steve Stark, Youth Minister of Living Hope Christian Church, or any other adult leader from Living Hope Christian Church has prior authorization to give such consent in the event I/we cannot be reached or in cases of emergency. In the event that it becomes necessary to give such consent, I agree to 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 also assume responsibility for any and all costs associated with medical care.

Signature: _____ Date: _____

(Parent/Guardian or Participant if over 18)