

WAIVER AND RELEASE / ASSUMPTION OF LIABILITY FORM

**HOPE SPRING CHURCH PARENTAL WAIVER AND  
RELEASE FOR CHILDREN AND/OR YOUTH ACTIVITIES  
& AUTHORIZATION FOR MEDICAL TREATMENT**

Authorization to Participate. This form is to allow my child, \_\_\_\_\_  
(printed name of child/youth), to participate in various activities sponsored by HopeSpring Church for the year  
20 \_\_\_\_.

Certification of Capability to Participate and understanding of Risk / Assumption of Risks. My signature on this  
form is my certification that my child is physically capable of engaging in the HopeSpring Church's activities  
and I hereby give my consent for my child to engage in these activities. Further, I acknowledge that I have had  
the risks of my child participating in these events sufficiently explained to me and I understand the risks posed to  
my child. Or I have declined such explanation because I already understand the risks involved in participating in  
these activities. In exchange for allowing my child to participate in this church's activities, I hereby assume all  
risks of injury or damages of whatever type or form associated with my child's participation.

Consent to Treatment. My signature on this form also constitutes my consent for the activities sponsor to consent  
to medical providers diagnosing and providing medical treatment to my child at my expense in the event of injury  
or illness requiring emergency or other medical treatment while involved in any church activities. My child is  
covered with a health insurance policy with

\_\_\_\_\_, policy # \_\_\_\_\_.

A photocopy of this medical authorization shall serve as the original. I waive any claims or causes of action,  
including attorney fees, I might have against HopeSpring Church for allowing my child to participate and also  
against anyone who provides medical treatment to my child in reliance upon this agreement. I agree to indemnify  
and hold HopeSpring Church harmless in the event they provide treatment or are subsequently sued for injuries  
to my child during these activities.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed/Typed Name of Parent

In the event of an emergency, I can be reached at \_\_\_\_\_

or contact \_\_\_\_\_ at \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me, by the above and foregoing \_\_\_\_\_  
("Parent") on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Allergies: (Food, Drugs, Insects or Natural Elements) \_\_\_\_\_  
\_\_\_\_\_

Does the youth regularly take any type of medication? If so, what? \_\_\_\_\_  
\_\_\_\_\_ How often? \_\_\_\_\_

Does the youth have any chronic disease or illness (i.e., Blackouts, Fainting, Epilepsy, Etc.)?  
\_\_\_\_\_

Is there anything that this youth is affected by that may prevent them from participating in any of our activities  
or require us to make special provisions for them during an activity? If so, what?  
\_\_\_\_\_  
\_\_\_\_\_

Please use this space to provide any additional information concerning your student which might help our staff  
and volunteers to more effectively minister to your young person.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_