

Hope Church Liability Release 2022

PARTICIPANT INFORMATION			
Name			
Address			
Date of Birth	____ / ____ / ____	Cell Phone	() -
Home Phone	() -	Work Phone	() -
Email			

EMERGENCY CONTACT(S)			
Contact #1		Relationship	
Address			
Cell Phone	() -	Alt. Phone	() -
Contact #2		Relationship	
Address			
Cell Phone	() -	Alt. Phone	() -

INSURANCE			
Company			
Policy #		Group #	
Phone #	() -	Hospital Pref	

Please attach a copy (front & back) of your insurance card

MEDICAL INFORMATION	
MEDICAL CONDITIONS	
MEDICINE ALLERGIES	
MEDICATIONS TAKING	
OTHER ALLERGIES	
OTHER INFO	

By signing below, I am stating that I understand all reasonable safety precautions will be taken at all times by Hope Church, and its agents during the events and activities. I authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Hope Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Name (PRINTED): _____

Signature: _____ Date: ____ / ____ / ____