



Liability Release Form for Hurt Pentecostal Holiness Church Children's Ministry and Youth Ministry

Event _____ Name of event participant _____

Age _____ Birth Date _____ Address (Street and Mailing) _____

City _____ State _____ Zip _____

Name of School _____ Grade in or just completed _____

Parent(s) or Guardian(s) name(s) _____

Parent(s) or Guardian(s) business phone numbers _____

Home phone number _____

Any other contact name(s) and number(s) in case of an emergency _____

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To Whom It May Concern:

The undersigned does hereby give permission for our (my) child _____
to attend and participate in all the following activities sponsored or associated with Hurt Pentecostal Holiness Church:

Event: _____

Date(s): _____

We (I) authorize the Pastoral Staff or any Adult Leader from Hurt Pentecostal Holiness Church, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Hurt Pentecostal Holiness Church. The undersigned agrees not to hold Hurt Pentecostal Holiness Church, any Adult leader, or anyone connected with this event responsible for the sickness, injury or death of the participant.

We (I) understand that as a children's ministry and/or youth group photos may be taken by someone designated by the church. We (I) consent to photos being taken of my child while participating in church related functions. We (I) authorize the use of such photos for church and ministry promotional use.

Hospital Insurance Yes _____ No _____

Insurance Company _____

Policy Number _____

If possible please attach a copy of
Insurance card(s).

Father's signature: _____

Mother's signature: _____

Legal Guardian's signature: _____

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Below please list any allergies or special medical problems your child may have that we might should know about during this event/outing. Please share any other information that might be of help during this function. Please use the back of this form or attach additional sheets if needed. Thank you.