

2012 HOPE Event Permission, Release, & Consent

Event: Combined HS & MS Winter Retreat

Date(s) of Event: February 17 – 19, 2012

Location of Event: Nags Head, NC; Hotel is the Ramada Inn Nags Head - 1701 South Va Dare Trail, Kill Devil Hills, NC 27948 (800) 635-1824 or (252) 441-2151

Group Leader: Nicole Unice

Student Name: _____

Student Cell Phone: () _____ - _____ E-mail Address: _____

Home Address: _____

City, State, Zip: _____

Home Phone: () _____ - _____

Birth date: ___/___/___ Male Female Age _____

Grade _____ *If this activity is during the summer, please list the grade Student will be in this Fall

Mother's Name: _____

Mother's Cell Phone: () _____ - _____

Father's Name: _____

Father's Cell Phone: () _____ - _____

Parent / Guardian E-mail Address(es): _____

MEDICAL INFORMATION

If applicable, please list any medical conditions or allergies: _____

Please list any medications you are bringing with you: _____

Name of Insurance Company: _____

Policy Number: _____ Name of Insured: _____

Emergency Contact Person: _____ *

Emergency Day Number: (_____) _____ Emergency Night Number: (_____) _____

* For Students who are minors, Emergency Contact Person should be a parent or legal guardian.

I hereby give permission for the above-named student (herein "Student") to participate in the above-named event and its related activities, including without limitation transportation to and from such activities, if applicable (herein "Event") as organized by HOPE Church in Richmond, VA (herein "HOPE"). I hereby release, hold harmless and absolve HOPE, its officers, trustees, employees, staff, sponsors, vendors, volunteers, and all others who have participated in the planning, organizing and implementing of the Event, be they individuals or organizations, singly or collectively, from responsibility with respect to Student's participation in the Event. If the Student is a minor, in the event of a medical emergency in which the Emergency Contact Person named above cannot be reached after reasonable effort has been made to secure personal consent, I authorize any and all treatment of the Student which is medically necessary in the opinion of the attending physician. If the Student has any medical conditions or is taking any medications which may be relevant to a physician in the event of a medical emergency, I have listed them above. I hereby represent that Student has no physical or mental limitations to prevent him/her from engaging in the Event. I hereby release and discharge HOPE and all affiliated entities from any and all claims, demands, or causes of action that I have in connection with the use and exercise of the rights granted in this release. I agree that HOPE may tape or photograph Student and record his/her voice during his/her participation in the Event and that HOPE may use any such recordings or photographs, in whole or in part, whether in original or modified form, in any manner or media, for the purpose of advertising, promoting, and publicizing HOPE whether during the Event or thereafter.

Signature of Student: _____
(if Student is 18 years of age or older):

Signature of Parent or Legal Guardian: _____
(if Student is under the age of 18):

Printed Name of Person Signing: _____ Date: _____

The deadline for final payment and forms is Friday, February 3, 2012.

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