

Hope Week  
 July 8-12, 2019  
**Registration, Liability, Medical & Media Release**

**REGISTRATION**

*All adults and students attending Hope Week must complete the form in ink, initial & sign as indicated.*

Name: \_\_\_\_\_ Age \_\_\_\_\_ Year in school \_\_\_\_\_  Male  Female  
LAST FIRST MIDDLE

Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

**MEDICAL INFORMATION**

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

**Check the following areas of concern for this student.** If necessary, add another page with details:

1. Does your child have allergies to?  pollen  medications  food  insect bites  other (please specify)

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following?:

- |   |  |  |                                   |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> asthma                   | <input type="checkbox"/> epilepsy / seizure disorder | <input type="checkbox"/> heart trouble | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> frequently upset stomach | <input type="checkbox"/> physical handicap           |  |                                   |

3. Does your child wear:  glasses  contact lenses

4. If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff/volunteers should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

5. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

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**MEDICAL, MEDIA, LIABILITY RELEASE, & CODE OF CONDUCT**

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**THOSE PERSONS SIGNING THIS FORM AGREE TO AND UNDERSTAND THAT THIS FORM INCLUDES THE GOOD FAITH WAIVING OF CERTAIN VALUABLE RIGHTS IN EXCHANGE FOR PARTICIPATION IN HOPE WEEK AND ITS RELATED ACTIVITIES.**

By signing this form they acknowledge that they are releasing The Anchor Presbyterian Church and other parties of liability for themselves and, if applicable, for the above named individual who is either their natural minor child or minor child in their legal guardianship. They recognize that participation in various physical activities involves subjecting oneself and others to risk of injury, and agree to respect the instructions of all staff and volunteers, as well as hold all parties free from liability. Activities may include, but are not limited to: worship, small groups, meals, group games, group sports such as soccer, tubing, being exposed to the elements, etc.

**MEDICAL RELEASE/DISCLOSURE:** \_\_\_\_\_(initial)

I/we understand that the programs and exercises in this program are voluntary. I/we assume the risk of any and all injuries, which may occur as the result of participating in this program despite any physical and/or emotional conditions identified in this application. I/we have identified in the medical history enclosed any physical or emotional conditions which might limit or affect participation, or make the student susceptible to injury.

**AUTHORIZATION FOR EMERGENCY TREATMENT:** \_\_\_\_\_(initial)

I/we hereby give permission for the minor named above to receive emergency medical treatment, including hospitalization, in the event I/we cannot be reached in an emergency.

**STUDENT CODE OF CONDUCT:** \_\_\_\_\_ (initial)

I/we agree to comply.

1. No possession or use of alcohol, drugs, tobacco, weapons, fireworks, lighters, etc.
2. Participation with the group is expected.
3. Respect property, one another, staff, adult volunteers, and event purposes and schedules.

**Students who fail to comply with these expectations may be sent home.**

**PHOTO/MEDIA RELEASE:** \_\_\_\_\_(initial)

I/we, the undersigned, hereby grant to The Anchor Church, its officers, employees, agents, successors and assigns, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings involving myself or my minor child, for use in materials that the agency, described herein, may compile and distribute.

**RELEASE OF ALL CLAIMS:** \_\_\_\_\_(initial) (LIABILITY RELEASE)

I/we have read this form and are aware of and understand that in consideration of the privilege of the student/participant to participate in Hope Week, the applicant (including: themselves, parents, guardians, estate, agents, successors and assigns) agree to indemnify and hold harmless, release and forever discharge, The Anchor Presbyterian Church and all their officers, employees, agents, successors and assigns from any and all manner of actions, suits, claims, demands, judgments, damages and liability in law and in equity which may arise or result from my/our participation in the above mentioned program or activity including costs and reasonable attorney fees. The terms herein shall serve as a release not only for the participant but also apply to their heirs, executors, administrators, personal representatives, parents, guardians and for all members of their family. (For a parent or guardian signing for a minor, I/we agree to these terms for the minor, for themselves individually and as a parent or guardian.) The parties signing this form acknowledge that The Anchor Presbyterian Church has relied upon the good faith execution and delivery of this form. The parties signing this form assume the risk of any and all injuries, which may occur while participating in the above referenced program(s)/activities.

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**SIGNATURES**

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I/we have read and understand this form, have had an opportunity to ask questions, and freely agree to the terms as expressed in return for participation in the above referenced program. Questions may be directed to Leah Miller at 215-598-7859.

PARTICIPANTS OVER 18 ONLY:

Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_ (Printed name: \_\_\_\_\_)

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-OR - PARTICIPANTS UNDER 18 ONLY:

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_ (Printed name: \_\_\_\_\_)

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_ (Printed name: \_\_\_\_\_)