



## HOPE COMMUNITY CHURCH

### Youth Lock in Waiver

#### Parents or Legal Guardian of the Student

I agree to allow my child (hereinafter "student" or "participant") to participate in the Youth Lock in Church event At Hope Community Church (collectively, the "Event") sponsored by Hope Community Church (the "Church"). I recognize certain risks and dangers exist in any event setting, and I voluntarily assume these risks. I agree that my child is expected to abide by the rules of the Event, and understand that the Church, its staff, directors, officers, employees, volunteers, and other Event participants shall assume no responsibility or liability for my child for an accident, illness, personal injury, property damage, or other loss caused either by negligence or risks inherent in the Event.

On behalf of myself and my child I hold the Church, its staff, directors, officers, employees, and agents harmless from any and all liability, action, claims, and damage of every kind arising from the Event.

I authorize and request such medical and surgical services as may be necessary for the care of my child, and further agree to accept financial responsibility for same.

My signature on this document is also intended to bind heirs, representative, executors, or administrators and I acknowledge that I am also signing and agreeing on behalf of my child.

Participant's Name, printed: \_\_\_\_\_

Parent/ Guardian's Name, printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Parent/Guardian Information

Cell Number: \_\_\_\_\_ Home Number (optional): \_\_\_\_\_

Emergency Contact (other than parent/guardian): \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number (optional): \_\_\_\_\_

Are there any special needs/conditions that we need to be aware of? (Please list in detail below.)

\_\_\_\_\_  
\_\_\_\_\_



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