

Hope Fellowship

Parent Permission and Liability Release for Participation in Student Ministry Events

Event: Summer Kick Off - SKO

Date: May 16th, 2018

Location: Frisco East - 9950 Rolater Rd, Frisco TX 75035

Student Name: _____ Male () Female ()

READ CAREFULLY – THIS SECTION AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in both offsite and onsite Student Ministry events organized by Hope Fellowship and or the use of property, facilities and/or services of Hope Fellowship, I agree for myself and for my child to the following:

1. I hereby give permission for images of me or my child, captured during any Student Ministry event audio/video/camera to be used by the church for the purposes of training and/or promotional material and publications, and I waive any rights to compensation/ownership.
2. I give my permission for Hope Fellowship, its representatives, and/or volunteers to search my child's belongings including but not limited to luggage, purses and backpacks as deemed necessary for safety and security reasons.
3. I hereby give permission for me or my child to ride in a vehicle designated by the Student Ministry staff. Only adult drivers (25 years or older), with approved driving records, will be permitted to drive.
4. In the event either I or my child causes damages, I take full financial responsibility for the damages. In addition, if I early return home is warranted due to disciplinary concerns, I will provide transportation home for me and/or my child.
5. I recognize there are certain potential and inherent risks associated with participation in Student Ministry activities, and I assume full responsibility for personal injury to myself and my child, and further release, hold harmless, indemnify, and discharge Hope Fellowship, its staff, officers, directors, board members, volunteers, and agents for injury, loss or damage arising out of my or my child's participation in Hope Fellowship Student Ministry events, whether caused by the fault of myself, my child, Hope Fellowship, or other third parties.
6. I agree to indemnify and defend Hope Fellowship against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my child's participation in Student Ministry events.
7. In the event of an injury to me or my child during Student Ministry activities, I give permission to Hope Fellowship or to the employees, representatives, or agents of Hope Fellowship to arrange for all necessary medical treatment, for which I shall be financially responsible. This temporary authority will begin on **JANUARY 1, 2018**, and will remain in effect until terminated in writing by me or **DECEMBER 31, 2018**, whichever occurs first. Hope Fellowship shall have the following powers:
 - The power to seek appropriate medical treatment or attention on behalf of me or my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital,
 - The power to authorize medical treatment or medical treatment or medical procedures in an emergency situation; and
 - The power to make appropriate decisions regarding clothing, bodily nourishment, and shelter.
8. I hereby consent and give permission for me or my child to participate in offsite and/or onsite Student Ministry events, and agree on behalf of the above minor to all of the terms and conditions of this Agreement.

By signing this Release of Liability, I represent that I have legal authority over and custody of the child mentioned above. This document is governed by the laws of the State of Texas, and the assumption of risk herein is intended to be as broad and inclusive as permitted by law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS. I give consent for my student to attend, **SKO 2018** with Hope Fellowship on **May 16th, 2018**. I give my consent for my student to travel by means necessary to and from the locations of this event. I understand that the Hope Student Ministry event **SKO 2018** is a voluntary activity and that by attending, my student is agreeing to cooperate with the overall spirit and guidelines of Hope Fellowship Student Ministry. I agree to submit all of the forms associated with this event as requested. I have read and agree to the policies and guidelines provided in the parent information for this event. I affirm that all of the above information is accurate.

Guardian Print Name: _____

Guardian Signature: _____ Date: _____