

**THE HARVEST CHRISTIAN FELLOWSHIP YOUTH MINISTRY
ADULT AUTHORIZATION FORM FOR 2017**

Name _____ Birth Date _____

Address _____ Phone(_____) _____

City _____ State _____ ZIP Code _____

Primary Email Address _____

Cell Phone (_____) _____ Work Phone (_____) _____

By signing below, I do verify understanding and compliance with the following:

This form will be applicable to any and all youth activities, events, or trips sponsored by Harvest Christian Fellowship for the calendar year 2017.

The undersigned does acknowledge that it is his/her inherent responsibility to attain specific information about any activity, event, or trip sponsored by Harvest Christian Fellowship which is in question to him/her; and to obey and comply with any rules or instructions deemed necessary by the Youth Pastor of Harvest Christian Fellowship.

The undersigned does authorize, in the case that he/she is not capable of rendering appropriate care for himself/herself, an adult to consent to any X-ray, examination, injection, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care rendered or judged necessary while under the care of Harvest Christian Fellowship and its representatives; further, the undersigned shall be liable for and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to aforementioned adult pursuant to this authorization.

Furthermore, authorization and permission is hereby given, by the undersigned, to Harvest Christian Fellowship to furnish any necessary transportation, food, and lodging for himself/herself during youth activities, events, or trips sponsored by said church; and the undersigned does hereby assume all transportation costs should he/she need to return home due to medical, disciplinary, or other reasons.

In addition, the undersigned does hereby give consent for himself/herself to be photographed and/or videotaped during participation in activities, events, or trips sponsored by Harvest Christian Fellowship; and does hereby assign and grant to Harvest Christian Fellowship the right and permission to use and publish photographs/film/video/electronic or web based representations and/or sound recordings that may include the undersigned while participating in activities, events, or trips sponsored by or affiliated with Harvest Christian Fellowship. The undersigned does hereby release Harvest Christian Fellowship and its representatives from any and all liability from such use and permission.

Further, the undersigned does hereby release, forever discharge, and agree to hold harmless Harvest Christian Fellowship and the directors and representatives thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the adult-participant during activities, events, or trips sponsored by Harvest Christian Fellowship; as well, the undersigned assumes all risk of personal injury, sickness, death, damage, and expenses as a result of his/her participation in activities, events, or trips sponsored by Harvest Christian Fellowship and assumes all liability in all such cases.

Insurance Company _____ Policy Number _____

Physician's Name and Phone _____

Emergency Contact #1 Name and Phone Number _____

Emergency Contact #2 Name and Phone Number _____

Allergies/Medical Conditions/Other Pertinent Information _____

Signature _____ Date _____

***T-shirt size _____**

***Please make sure that a copy of both the front and back of your insurance card is stapled to this form**