



**Eleven:59 Spring Retreat – Youth Ministry
March 23rd – 25th 2018**

Consent and Agreement/Medical Release

Participant Name: _____ Date of Birth: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Parent Name: _____ Phone Number: _____

Emergency Contact Name (other than parent): _____ Phone: _____

Acknowledgement of Release

I, _____, acknowledge that I am aware of and have investigated to the extent necessary all dangers and risks inherent in the activity listed above in including the risk of serious bodily injury death. I believe and represent that I am (or the participant named above, if a minor is) healthy and physically able to participate safely in these activities. I agree to indemnify and hold harmless, The Lord's House of Prayer, and its employees, agents, volunteers and/or officers from any liability arising from participation in the activity listed above. It is further acknowledged that any Lord's House of Prayer activity may involve transportation in a personal vehicle, a van or a bus.

The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the Commonwealth of Pennsylvania.

Participant (if over 18) or Parent/Legal Guardian Initials _____

Grant of Permission

I/we the undersigned, (if minor, parents/guardian) hereby grant permission and authority to The Lord's House of Prayer, its officers and authorized employees, agents or volunteers to act for us in executing verbal instructions or if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release the Lords' House of Prayer, its employees, agents, volunteers and/or officers and hold harmless from liability any injury or damage sustained while participating in the activity listed above, or participating in any activity sponsored by The Lord's House of Prayer and from any liability connected with obtaining prompt medical attention for the names above. It is further understood that I will be responsible for the costs of all medical services obtained pursuant to this authorization.

Participant (if over 18) or Parent/Legal Guardian Initials _____

Image/Interview Release

In connection with participation in the above listed event/activity, I/we the undersigned, (if minor, parents/guardian) hereby grant to The Lord's House of Prayer, its successors and those acting under its authority the right to use participant's name, image and/or interviews in all forms of media including advertising and related promotion. I/we grant this right without compensation and release The Lord's House of Prayer, its successors and those acting under its authority from any claim that may arise regarding such use, including claims of defamation, invasion of privacy, or infringement of rights of publicity or copyright.

Participant (if over 18) or Parent/Legal Guardian Initials _____

Health Insurance

I/we the undersigned (if minor, parents/guardian) hereby confirm that the participant listed above has health insurance coverage that is effective as of the activity listed above.

Participant (if over 18) or Parent/Legal Guardian Initials _____

I/we the undersigned (if minor, parents/guardian) hereby confirm that the participant listed above does not have health insurance. I/we understand that we will personally assume all financial responsibility in the event of an injury, disability or death that is associated with participation in the activity listed above and will indemnify and hold harmless The Lord's House of Prayer as acknowledged above.

Participant (if over 18) or Parent/Legal Guardian Initials _____

Signature

If under that age of 18, the parent or legal guardian must read and initial each section above and sign below, indicating his/her acceptance. This agreement covers The Spring Retreat for 2018.

Participant Signature: _____ Date: _____

Parent /Legal Guardian Signature (if participant is under 18) _____ Date: _____

Medical Information

Date of last tetanus shot: _____

Pertinent Medical Information, including allergies, and prescription medications:

Insurance Information

Name of Insurance Company _____ Phone Number: _____

Insurance Policy #: _____ Group #: _____

Name of Insured: _____ Relationship to Participant: _____

Doctor's Name: _____ Phone #: _____