



YOUTH DISABILITY MINISTRY REGISTRATION & WAIVER

Parent / Legal Guardian Name(s) _____

Address _____

Cell Phone _____ Alternate Phone _____

Email _____

Our family: attends/has attended New Hope Church does not attend New Hope Church

Our family: is new to NHC Disability Ministry Has participated in NHC Disability Ministry before

Child(ren) Information

All children attending must be listed below. Use check box for child(ren) with disability. **Please print clearly.**

Name _____ Age _____ Birthdate _____

Name _____ Age _____ Birthdate _____

Name _____ Age _____ Birthdate _____

Name _____ Age _____ Birthdate _____

Name _____ Age _____ Birthdate _____

*****Please note on the back of this form any medical or behavioral concerns that we should know about, or any information needed in case of an emergency.*****

Photo Consent: I give – or – do not give (please check one) my consent to New Hope Church to photograph the children listed above and to use photos and stories in connection with any publicity of the church and hereby release any claims whatsoever that may arise. *(Please note: allowing us to use photos is beneficial to the program. Children will not be identified by name in any photo).*

Assumption of Risk: As the parent or legal guardian of the child(ren) listed below, I give permission to attend Youth Respite Night at New Hope Church. In the event of an emergency, I authorize emergency medical treatment for my child(ren).

Release: I, the undersigned parent/guardian, participate in the Youth Respite Night program at New Hope Church and have full knowledge of what is involved. I therefore irrevocably release and waive all past, present and future claims, demands and causes of action which I have or may have in the future against New Hope Church, it's members, representatives, officers, agents, and employees for any and all past, present or future loss of or damage to property and/or bodily injury, including death, however caused while participating in the above program.

Hold Harmless / Indemnity: I, the undersigned, agree not to cause any legal action or to bring or permit such action on my behalf, either directly or indirectly, because of loss or damage to property and/or bodily injury, including death, against any of the aforesaid parties however caused, while participating in the above program. I also agree to save, indemnify and hold harmless, any and all of the aforesaid parties from any claims, demands and causes of action now or in the future from my participation in this program in regards to any injury, loss or damage that might occur. **(continued on reverse →)**

I, the undersigned parent/guardian participate in the Youth Respite Night program at New Hope Church with full knowledge that I claim full responsibility for any injury, accident, loss or damage to property that may occur. I the undersigned am aware of the fact that accidents occur even in the safest conditions.

I, the undersigned parent/guardian, agree to hold harmless the aforesaid parties for any and all claims for injuries, causes of action, or liability related to my involvement in the Youth Respite Night program.

I, the undersigned parent/guardian, agree that in the event of a medical emergency, staff will call 911 and then call the parent/guardian.

-- Please use ink --

Signature _____ Date Signed _____
(parent/guardian)

Insurance Company: _____

Policy Number(s): _____

Please list any medical or behavioral concerns or any other information that would be helpful for us to know about your child(ren):