

Informed Consent/Emergency Form

Student Name _____ **DOB:** _____ **Grade:** _____

Address: _____ **Home Phone:** _____

City/State/Zip: _____ **Cell Phone:** _____

+++Student Email: _____ **PARTICIPANT** **SHIRT SIZE** _____

Emergency Information:

In case of accident or injury, please contact the following people:

Father	Day Phone	Evening Phone	Cell Phone
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***Email:** _____

Mother	Day Phone	Evening Phone	Cell Phone
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***Email:** _____

Other(Please indicate relationship)	Day Phone	Evening Phone	Cell Phone
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***Email:** _____

*Please include emails in order to receive important updates

INFORMED CONSENT, LIABILITY RELEASE, MEDICAL TREATMENT AUTHORIZATION, AND PHOTO RELEASE

I request that my child (identified on the other side) be permitted to participate in the activity and agree to the]following: I understand and agree that my child's participation in this activity may expose him/her to risks of injury or death.

The risks include but are not limited to: **death, injury, serious neck and spinal injuries, paralysis, brain damage, and injury to vital organs, bones, joints, muscles and tendons.**

I will counsel my child so he/she understands that it is important for his/her safety and the safety of others to follow all instructions of the coaches and staff. I agree that I am responsible for my child's conduct while he/she is at the activity.

In consideration for my child's participation in this activity, on behalf of myself and my child, I release discharge, and hold harmless Hope Lutheran High School, and its officers, coaches, volunteers, employees and agents from all liability, claims, costs and expenses arising out of these activities which may result in injury or illness to my child.

I also agree to defend and indemnify the activity, Hope Lutheran High School and its officers, coaches, volunteers, employees and agents against any claims arising out of my child's participation in the activity.

I further agree that the staff and Hope Lutheran High School are **authorized to obtain any authorized emergency medical treatment** for my child up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself, I further release Hope Lutheran High School from any liability for medical or emergency treatment rendered to my child.

I also release Hope Lutheran High School from any claims for the loss of personal property and agree that Hope Lutheran High School may use, for publicity and advertising purposes, photographs of my child taken at the camp.

A copy of this agreement shall suffice as original.

Parent/Guardian/Host Family Signature _____ Date _____