

# Horizon Community Church

## Waiver & Parental Consent Form Emergency Medical Release and Liability Waiver

Participant's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Participant's Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

### *Emergency Information*

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

### **In an emergency when parent/guardian cannot be reached, please contact the following:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home# \_\_\_\_\_ Cell#/Alternate # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home# \_\_\_\_\_ Cell#/Alternate # \_\_\_\_\_

**HEALTH CONCERNS** *(Please identify any allergies (to include foods), health problems, medications, or other health concerns):*

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Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Dental Provider: \_\_\_\_\_ Phone# \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Grp# \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy # \_\_\_\_\_

*Additional Information that May Be Helpful*

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*This authorization for Emergency Medical Treatment must be completed before participant can participate in any activities. Treatment for injury will be based on information provided herein.*

**DISCLAIMER**

Horizon Community Church (HCC) and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives, are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with Horizon Community Church and all related activities associated with Horizon Community Church, including injury, loss or damage.

**ASSUMPTION OF RISKS**

IN CONSIDERATION OF Horizon Community Church allowing me or my child to participate in events, activities, or travel (including all missions trips, in or out of the country) with HCC and all related activities associated with HCC, including participation in the Mexico Mission Trip from **January 1st, 2024 through December 31st, 2024** inclusive, and all activities related to HCC (collectively referred to as the "Activities"), I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in the Activities including the possible risk of severe or fatal injury to myself or others.

**RELEASE OF LIABILITY and AGREEMENT**

IN CONSIDERATION OF Horizon Community Church allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:

1. TO ASSUME and ACCEPT ALL RISKS arising out of, associated with or related to my or my child's participation in the Activities.
2. TO WAIVE and RELEASE Horizon Community Church from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
3. TO INDEMNIFY and HOLD HARMLESS Horizon Community Church from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.
4. TO INDEMNIFY and HOLD HARMLESS Horizon Community Church from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the Activities.

**PARTICIPATION CONSENT**

**Acknowledgment of Participant:**

I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of the HCC Event, and to obey requests to comply with safety regulations as directed by the persons in charge of the HCC Event, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seat-belt when available and will not disturb or distract the driver when using private or public transportation to travel to and from HCC activities. At all HCC sports events or other activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any activities, outings or sports events of HCC or when using private or public transportation for travel to and from such activities. I also understand that I may be photographed or appear in video for such purposes as HCC deems necessary.

**Acknowledgment of Parent or Guardian of Participant:**

We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in the HCC Event, including any use of private or public transportation deemed necessary by the persons in charge of the HCC Event for Participant travel to and from HCC activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of an HCC activity is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of HCC. We also understand that the participant may be photographed or appear in video for such purposes as the HCC deems necessary.

**ACKNOWLEDGEMENT and SIGNATURE**

**I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT** that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

**This Consent, Authorization and Acknowledgment shall be effective from and including January 1st, 2024 to and including December 31st, 2024.**

\_\_\_\_\_  
Signature of Parent or Guardian                      Date

\_\_\_\_\_  
Signature of Participant    Date

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Printed Name of Participant