

CHRIST OUR HOPE Children's Program

Parent Consent/Medical Release Form

Child (ren)'s Name & Age(s): _____

Name of custodial parent(s) or legal guardian(s): _____

Parent Phone Number: _____ Alternate Phone Number: _____

Email: _____

Allergies: _____

Consent for Participation, Medical Treatment and Photo Release:

I am the parent or legal guardian of the above named child(ren) and I give my permission for my child to attend the CHRIST OUR HOPE Children's program. I acknowledge this program is for those attending and thus I will be close by in a medical emergency but authorize all medical care necessary when deemed immediately necessary or advisable to safeguard my child's health. I acknowledge that CHRIST OUR HOPE organizers and all associated entities will not be responsible for medical expenses incurred. I give permission for the above named child(ren) to be photographed during the program and for the images to be published, reproduced or distributed by the CHRIST OUR HOPE and associated entities in all outlets, including but not limited to, internet and church publications without liability or limitation on my or my minor's part. If I do not wish my child's photo to be used, that I will provide my wishes in writing upon registering my child.

Signature of Parent/Guardian: _____ Date: _____