

## 2011 Hope Youth Sports - Medical Treatment Authorization and Liability Release

I, the undersigned parent or guardian, do hereby grant permission for my child, \_\_\_\_\_, to participate in sports and related activities with Youth Sports and Hope Church. In order that my child may receive the necessary medical treatment in the event she may sustain injury or illness during participation in this activity, I hereby authorize the coach or other supervising adult to obtain medical treatment for my child for such injury or illness during the activity, and hereby hold Hope Church, and its representatives harmless in the exercise of authority.

I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, which involves physical contact, there is a possibility that my child may sustain physical injury (minimal, serious, or catastrophic), in connection with their participation. I further acknowledge and understand that my child is assuming the risk of such physical injury by their participation, and I further release Hope Church, and its representatives from any claims for personal illness or injury that my child may sustain during participation in this activity.

I understand that Hope Church, from time to time, produce promotional material relating to its programs. I understand that as participant and/ or a spectator at the Event that Minor may be included in videotapes or photographs taken during the Event. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to the aforementioned entities, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and / or videotape Minor and to utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as a part of the Event, in advertising and promoting the Event or in advertising and promoting similar future events. I further understand that Hope Church, nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

I further understand that Hope Church has established rules and regulations pertaining to conduct, behavior, and activities of all students and participants, by which my child must abide during participation in this activity, and that my child and I will be responsible for their failure to abide by those rules and regulations.

Name of Child: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Insurance Name: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

I agree to the above medical treatment authorization and liability waiver as well as certify that the above information is true to the best of my knowledge.

PARENT SIGNATURE (Date): \_\_\_\_\_

PARENT SIGNATURE (Date): \_\_\_\_\_