



HOPE CHURCH PARENTAL CONSENT STATEMENT FORM

Child/Children Information (Only For Children / Students New To Hope Church)

(Please use another Parental Consent Statement Form if there are more than two children in your household)

Child's First & Last Name: _____ DOB: _____

Anything We Should Know to Better Serve Your Family (Allergies, Special Needs, etc.)?:

Child's First & Last Name: _____ DOB: _____

Anything We Should Know to Better Serve Your Family (Allergies, Special Needs, etc.)?:

Child Participation, Indemnification and Medical Emergency Agreement

I hereby consent to let my child(ren), _____, participate in the following event: _____.

It is understood that every precaution will be taken for the safety and well-being of my child, but in the event of accident or sickness, Hope Church, its staff and its volunteers are hereby released from any liability.

In the case of medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give my permission to a representative of Hope Church to secure proper medical treatment. *Parents will be notified immediately of any medical emergency.*

Use of Photographs

I hereby authorize and give full consent to Hope Church to use on their Web site all photographs in which I/my child appear(s) while involved in the ministries of Hope Church.

Hope Church may transfer, use or cause to be used, these photographs on its Web site and in other promotional materials. No names or personal information will ever be given on the web site or in other promotional materials without first securing my permission.

- ☐ I hereby approve the foregoing and consent to the use of photographs subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.
- ☐ I hereby do not authorize or grant consent for the use of such photographs.

Consent Authorization & Parent Information

By completing and signing this form, I hereby agree to the terms and conditions listed herein and the policies of Hope Church governing the event I am granting my child to participate in.

Signature: _____ Date: _____

Printed Name: _____ Email Address: _____

Cell Phone: _____ Home Phone: _____

Address: _____

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