

STUDENT NAME _____

I HEREBY AUTHORIZE THE PARTICIPATION OF THE ABOVE NAMED STUDENT IN THE ACTIVITIES PROVIDED BY HIGHLAND PARK BAPTIST CHURCH. I HEREBY, RELEASE AND HOLD HARMLESS HPBC, ITS OFFICERS, EMPLOYEES, AGENTS AND MEMBERS OF THE BOARD FROM ALL CLAIMS AND CAUSES OF ACTION BY REASON OF ANY INJURY WHICH MAY BE SUSTAINED AS A RESULT OF THESE ACTIVITIES, WHETHER ON CHURCH PREMISES OR ON THE WAY TO OR FROM THESE ACTIVITIES. I AGREE TO DIRECT MY CHILD TO COOPERATE AND TO CONFORM WITH DIRECTIONS AND INSTRUCTIONS OF PERSONNEL OF THE ORGANIZATION IN CHARGE OF THESE ACTIVITIES. I ALSO UNDERSTAND THAT IF MY CHILD FAILS TO ABIDE BY THE STATED RULES, HE/SHE MAY BE SENT HOME AT MY EXPENSE.

I HEREBY GIVE MY PERMISSION TO THE PHYSICIAN, NURSE OR DENTIST SELECTED BY HPBC TO SELECT MEDICAL OR DENTAL AID FOR ILLNESS OR INJURY UNDER PHYSICIANS ORDER INCLUDING TRANSPORTATION TO AND FROM NECESSARY FACILITIES. AS A PARTICIPANT, I UNDERSTAND THAT HPBC IS NOT OBLIGATED TO CARRY ANY INSURANCE TO COVER THOSE MEDICAL OR DENTAL EXPENSES.

PARENT OR LEGAL GUARDIAN _____ DATE _____

HOME PHONE NUMBER _____

CELL PHONE NUMBER _____

INSURANCE CO. _____ POLICY NO. _____

ALTERNATE CONTACT _____ PHONE _____