

HILLSIDE COMMUNITY CHURCH
HIGH SCHOOL "WIDE OPEN MINISTRY" 2012
RELEASE & DISCLOSURE

I, _____, (hereinafter "appointee") accept the
(Student's Name)

appointment to become a participant of Hillside Community Church's (hereinafter "Hillside") High School ministry. By participating as an appointee, agree:

1: I am covered by health insurance obtained independently of HCC. My health insurance information is:

Name of Company: _____

Policy # _____

Member # (if applicable): _____

Telephone #: _____

2: My parent/legal guardian has approved this appointment & has read this form.

3: I realize that there is a risk of being injured at winter camp and hereby assume all such risks. This risk of injury may be severe and could include the risks of fractures, sunstroke, lesions from contact with water, brain injury, blood poisoning, contracting a disease from food or drink, paralysis or even death.

4: Hillside is hereby released from its duty to prevent accidents, whether occurring during travel or at the destination. I (we) specifically release and hold Hillside harmless from any liability associated with the event, including liability for Hillside's negligence of its agents, employees, or others.

5: To the best of my knowledge, I am in good health and physically capable of participating in the event.

6: I will, at all relevant times, conduct myself in a manner becoming to the dignity and demeanor of a Christian from Hillside and to refrain from all offensive, rude, and boisterous conduct during the entire course of said event.

7: I understand that I (we) am responsible for travel to and from the event, any and all medical expenses that should arise.

DATE: _____
Appointee (Student)

I (we) have read this document and agree to the above, individually and as the parents or legal guardians of the above named appointee.

DATE: _____
Parent (Father)

DATE: _____
Parent (Mother)

Emergency Contact Information:

Parents names: _____

Address: _____

Home Phone: _____ Other (Cell) Phone: _____

