

**HILLSIDE COMMUNITY CHURCH  
INFUSE GROUPS FALL 2007 - SPRING 2008  
RELEASE & DISCLOSURE**

I, \_\_\_\_\_, (hereinafter "appointee") accept the  
(Students name)

appointment to become a participant of Hillside Community Church's (hereinafter "Hillside")  
**Infuse Groups** during the 2007-2008 school year. By participating as an appointee, I 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 parents or legal guardians have approved this appointment and have read this form, including the attachment (A).

3: I realize that there is a risk of being injured at **Infuse and Infuse events** 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 these events.

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

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

DATE: \_\_\_\_\_  
Appointee (Student) Signature

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/Guardian

DATE: \_\_\_\_\_  
Parent/Guardian

Emergency Contact Information:

Emergency Contact #1 \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone #: \_\_\_\_\_

# ATTACHMENT "A"

This release and disclosure form gives students permission for the following:

- Participate in small group lessons and discussions which occur off-campus in homes.
- Participate in Infusion Excursions and Almost Christmas Party which occur off-campus. (This may include transportation to locations by an insured and approved adult driver over 25.) Infusion Excursion details will be communicated on and after Wednesday, Sept.19<sup>th</sup>.
- Participate in large group events at Hillside Community Church.