

# The Harbor Consent & Release Form 2022-2023

\*\*Please note: Before beginning this form, you need to have the participant's medical insurance card (unless they do not have insurance).

This CONSENT & RELEASE FORM will be active from 8/1/2022-7/31/2023 for any event/camp/retreat associated with The Harbor.

You must be at least 18 years old to complete this form. If you are not, a legal guardian must complete it.

## PARTICIPANT'S INFORMATION:

First Name:

Last Name:

Date of Birth:

Grade for the **2022-2023** school year (or Leader):

Street Address:

City:

State:

Zip Code:

Phone Number:

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE PLEASE COMPLETE THE FOLLOWING:

Mother's Name:

Mother's Cell Phone Number:

Father's Name:

Father's Cell Phone Number:

IF THE PARTICIPANT IS AN ADULT, EMERGENCY CONTACT INFORMATION:

Emergency Contact Name:

Emergency Contact Phone:

IF THE PARTICIPANT IS UNDER 18, EMERGENCY CONTACT OTHER THAN PARENT:

Emergency Contact Name:

Emergency Contact Phone:

This release gives The Harbor leader permission to take the participant to the nearest medical facility and have the necessary treatment administered. Many hospitals will not administer medical attention to a minor without parental consent.

Therefore, please read the statement in capital letters and sign below. This gives us permission to seek the medical attention we deem necessary in the event the participant is injured.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE

TO CONTACT THE PARTICIPANT'S PARENT OR EMERGENCY CONTACT. IF THAT PERSON CANNOT BE REACHED, I HEREBY GIVE THE HARBOR LEADER PERMISSION TO ACT IN MY BEHALF TO SEEK EMERGENCY TREATMENT FOR THE PARTICIPANT IN THE EVENT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEMED NECESSARY. I ABSOLVE THE HARBOR FROM LIABILITY IN ACTING IN MY BEHALF IN THIS REGARD SO LONG AS THEY ARE NOT GROSSLY NEGLIGENT. THE HARBOR IS NOT RESPONSIBLE FOR EXPENSES INCURRED AS A RESULT OF INJURY OR ILLNESS DUE TO AN ACCIDENT OR NATURAL CAUSES.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during the participant's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the church on the basis of any claim from which I have released them herein.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have fully informed myself of the contents of this CONSENT AND RELEASE form by reading it before I signed it. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

**MEDICAL INFORMATION:**

Are there any present medical conditions that we should be aware of (please include any known allergies)?

YES

NO

If yes, please explain. If no, please indicate with N/A:

Please list any medications the participant is taking (prescription and/or over the counter). If no, please indicate with N/A:

Does the participant have personal medical insurance?

YES

NO

Name of Insurance Carrier:

Subscriber/Policy Holder Name:

Date of Birth of Policy Holder (The Parent who carries the insurance):

Policy Number:

Group Number:

Provider Phone Number (usually found on the back of the insurance ID Card)

If the participant does not have Medical Insurance, Please sign the Medical Release Authorization Below:

The participant does not have personal medical insurance. I understand that The Harbor is not responsible for providing the participant medical insurance while attending The Harbor Events. I understand that the participant's health care is my responsibility and I will not hold the church responsible to pay for any health care costs during any The Harbor event. In the event that I (or the emergency contact) cannot be reached to make arrangements for emergency medical attention for the participant, I authorize The Harbor leader to contact and/or take the participant to a medical facility for treatment.

I give my consent for emergency treatment and agree to be financially responsible for such treatment.

**MEDIA PERMISSION:**

I consent and agree that The Harbor, its employees and agents have the right to take videos,

photographs, audio and/or digital recordings plus written or illustrated quotations of my minor child or myself and to use these in any and all forms now or from this date forward with no limitations:

If you check No, you are required to submit a current photo of your child. This photo can be emailed to [athena.jeter@theharbor.life](mailto:athena.jeter@theharbor.life). IF A PHOTO IS NOT SUBMITTED, THIS OPT OUT IS NULL AND VOID.

**\*IMPORTANT!**

As legal acceptance for this Consent and

Release form, please sign:

EMAIL ADDRESS OF SIGNING PARTY: