

Urban Ministry Liability and Emergency Waiver Form

Note: A separate form should be submitted for each team leader and team member.

Contact Information

Full Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Please send me Hope for the Inner City's regular prayer updates by e-mail

Team Leader: _____

Health Coverage Information (Please attach a copy of your medical card)

Group #: _____ Policy #: _____

Company/Carrier: _____

Waiver of Liability

I understand that neither Hope for the Inner City nor New City Fellowship will be held liable for any damages, injuries or illness that I or my participants may incur resulting from any staff training, program activity, work function or ministry endeavors. Additionally, I expressly waive any claim for compensation or liability from said organizations beyond what may be offered freely by their representatives in the event that such injury or medical expense should occur.

Signature

Date

Media Release Form

Note: A separate form should be submitted for each team leader and team member.

I grant permission to Hope for the Inner City and/or New City Fellowship, to use my name and/or photographs for use in publications such as recruiting brochures, newsletters, and magazines, and to use my name/and or photographs on display boards, and to use my name and/or photographs in electronic versions of the same publications or on the Hope for the Inner City and/or New City Fellowship web site or other electronic forms or media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Hope for the Inner City and/or New City Fellowship, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

Please check the paragraph below which is applicable to your present situation:

_____ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Name (please print): _____

Address: _____
(Street) (City) (State) (ZIP Code)

Signature: _____ Date: _____

Signature of parent or legal guardian if under age 18: _____

Medical Release Form

I, _____, give permission to Jim DeRuischer, Renee DeRuischer, Dean Pasma, or Jen Pasma to seek medical treatment for _____ from July 10 through July 17, 2010.

Health Insurance Co: _____

Insured's Name: _____

Policy Number: _____

Does your child(ren) have any allergies (food, medications, etc)? Please list them:

Does your child(ren) need to take any medication regularly? If so, please explain:

Signed: _____