



9.11. Activity Permission, Release and Medical Power of Attorney

- 1. I, the lawful parent or guardian of [signature] (the "child"), give permission for my child to participate in the activity described on the reverse and release from all liability and indemnify the International Church of the Foursquare Gospel d/b/a New Hope Christian Fellowship (local church, camp, or school legal name) and its directors, officers, council, agents, representatives, volunteers, and employees ("Church") from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any damage, injury or illness incurred or caused by my child while participating in or traveling to or from the activity, or otherwise in Church custody. I understand the risks in these activities, including the possibility of unforeseen hazards, serious injury or death. I certify my child is able to participate in the activity.
2. I agree to instruct my child to cooperate with the Church and its representatives in charge of the activity and understand my child may be prohibited from participating and/or sent home for any failure to follow the rules established by the Church.
3. I appoint Church representatives who are acting as leaders, or designated by such leaders, as my attorney in fact to act for me in my name and my behalf, in any way that I could act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity, related travel or while my child is in Church custody.
a. To give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency transportation, medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our medical attorney-in-fact shall deem necessary or appropriate for the best interest of the child.
b. I understand the Church will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
4. My child is to be excluded from the following activities and/or from release to the following persons (IF LEFT BLANK, NO ACTIVITIES OR PERSONS ARE EXCLUDED.)
5. I agree that the Church may use my child's and/or my own name, voice, portrait, photograph or image for promotional, website, office or any other church related purposes. These may be used in any broadcast, telecast, digital or print medium, including video images, photographs, pictures or renderings, audio recordings, or other likenesses, in combination or alone.

I will notify the Church immediately of any change in the information presented and agree it is valid until revoked in writing by me. I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature of parent or guardian (individually and as parent/guardian) Date
Signature of parent or guardian (individually and as parent/guardian) Date

Medical Information — Completed by Parent or Guardian — Please Print

Child's name Birth date
Allergies Medications
Chronic/other medical conditions (e.g. epilepsy, diabetes, asthma, heart, etc.)
Medical insurance company Policy number
Parent/guardian name (print) Emergency phone number
Parent/guardian name (print) Emergency phone number
Family doctor Phone number
(See reverse side for form instructions and activity information)

## 9.12. Activity Information

*To Be Completed By Church – Please Print*

This Activity form (with §9.11) is to be used for 1) any activity specifically listed below, 2) any high risk activity, and 3) any off-site activity. It is not required otherwise.

For recurring on-site activity only, complete Section A, and the form may then be signed once annually but must be re-signed each year. "Recurring" means an activity with a consistent date, time and location. If in doubt, complete Section B and have a new form completed and signed each time the activity occurs. If two parents have legal custody of the child, both should sign. **Please complete ALL blanks below.** If information doesn't apply, insert "N/A."

### A. On-Going Program (complete only if activity has a consistent date, time, and location)

Local church legal name		Church address
Name(s) of group leader(s)		Telephone number
Starting date	Ending date	Registration fee
Usual activity location (address)		Usual day and time
<b>Recurring Activity</b> (check ALL that apply) <input type="checkbox"/> Skateboarding <input type="checkbox"/> Rollerblading <input type="checkbox"/> Roller Skating <input type="checkbox"/> Rock Climbing <input type="checkbox"/> Boating/Rafting <input type="checkbox"/> Swimming <input type="checkbox"/> Hiking <input type="checkbox"/> Contact Sports (e.g., basketball, etc.) <input type="checkbox"/> Super Slide or other inflatable apparatus <input type="checkbox"/> Other _____		
<input type="checkbox"/> Offsite Activity (check only if activity is off Church grounds)		
Other information		
<input type="checkbox"/> Check here is any additional information is attached. (Note: any additional activity information (e.g., schedule, list of specific activities, etc.) may be attached to further information parent(s) or guardian(s).)		

### B. One-Time Activity (Filled out by church leader)

Local church legal name		Church address
Name(s) of group leader(s)		Telephone number (cell)
Activity location (address)	Emergency telephone number	Cost
Starting date and time	Meeting place	
Ending date and time	Meeting place	
<b>Activity</b> (check ALL that apply) <input type="checkbox"/> Skateboarding <input type="checkbox"/> Rollerblading <input type="checkbox"/> Roller Skating <input type="checkbox"/> Rock Climbing <input type="checkbox"/> Boating/Rafting <input type="checkbox"/> Swimming <input type="checkbox"/> Hiking <input type="checkbox"/> Contact Sports (e.g., basketball, etc.) <input type="checkbox"/> Super Slide or other inflatable apparatus <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____		
<input type="checkbox"/> Offsite Activity (check only if activity is off Church grounds)		
Type of transportation (if any)		
Other information		
<input type="checkbox"/> Check here is any additional information is attached. (Note: any additional activity information (e.g., schedule, list of specific activities, etc.) may be attached to further information parent(s) or guardian(s).)		