

*This form will be effective for participation in any Hodges Boulevard Presbyterian Church (HBPC) Ministry activities that begin on or after the date this document is signed ending on **June 30, 2025**.*

1. PARTICIPANT INFORMATION
2. AUTHORIZATION FOR MEDICAL TREATMENT
3. PHOTOGRAPHIC & REPROGRAPHIC RELEASE
4. PRE-INJURY WAIVER, RELEASE AND HOLD HARMLESS

**PARTICIPANT INFORMATION (PLEASE PRINT LEGIBLY)**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

We, \_\_\_\_\_ and \_\_\_\_\_ are the parents or legal guardians ("Participant's Guardians") of \_\_\_\_\_, a minor child under 18 years of age ("Participant").

**AUTHORIZATION FOR MEDICAL TREATMENT**

Participant's Guardians authorize and consent to a member of the HBPC's Leadership Team, including a Ministry Team Member, Camp Leader or Staff Member (hereafter "HBPC Designee"), to administer general first aid treatment for any minor injuries or illnesses experienced by Participant. If the injury or illness is life threatening or Participant is in need of emergency treatment, Participant's Guardians authorize the HBPC Designee to summon all professional emergency personnel to attend, transport and treat Participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication or other medical diagnosis, treatment or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state or country in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the HBPC Designee in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Participant's Guardians assume personal responsibility for all medical bills and certify that they have secured primary medical insurance for Participant. Furthermore, should it be necessary for Participant to return home for medical reasons, due to disciplinary action or otherwise, Participant's Guardians hereby assume responsibility for all related transportation and/or communication costs.

**X** \_\_\_\_\_

\_\_\_\_\_

**Signature of Parent/Guardian**

**MEDICA**

**Date**

**MEDICATION INFORMATION:**

The following non-prescription medications may be available for dispensation. Please initial next to the medications listed, indicating your authorization that the church staff/volunteers may dispense them to your child, should the need arise.

\_\_\_ Advil \_\_\_ Bayer \_\_\_ Imodium A-D \_\_\_ Mylanta/Tums \_\_\_ Pepto-Bismol \_\_\_ Tylenol  
\_\_\_ Bactine \_\_\_ Benadryl \_\_\_ Calamine Lotion \_\_\_ Hydro-Cortisone Cream \_\_\_ Neosporin

*If you would prefer, you may send your own products in original containers, with instructions, in a sealed Ziploc bag clearly labeled with your child's name, with directions for dispensing and given to the church staff/volunteer. Please list these non-prescribed medications below.*

**In all cases, the recommended dosage of any medication will not be exceeded.**

If after administering any of the above listed (or those I have provided) non-prescribed medications there is an adverse reaction, I give my permission to Hodges Boulevard Presbyterian Church to secure from any licensed hospital physician and/or medical personnel all medical services necessary. I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of HBPC administering medication to my minor child, I do hereby fully release or discharge HBPC and its officers, agents, volunteers and employees from all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend HBPC and its officers, agents, volunteers and employees from all claims resulting from injuries, damages and losses sustained by me or my minor child arising out of, connected with, incidental to or in any way associated with the administering of medication.

I give permission for Hodges Boulevard Presbyterian Church's staff/volunteers to give the initialed non-prescription medications, or those I have provided, to my minor child as needed.

X \_\_\_\_\_  
Signature of Parent/Guardian Date

**MEDICAL HISTORY**

Hospital Insurance: Yes \_\_\_ No \_\_\_ Name of Insured on Account: \_\_\_\_\_

Place of Insured's Employment: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Illnesses (Please list all Chronic Illnesses and give details as needed):  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications (List all Dosages and Milligrams):  
\_\_\_\_\_  
\_\_\_\_\_

Allergies (i.e. Food, Penicillin, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Previous Operations/Additional Medical Information:  
\_\_\_\_\_  
\_\_\_\_\_

## PHOTOGRAPHIC AND REPROGRAPHIC RELEASE

By signing this document, Participant's Guardians hereby give Hodges Boulevard Presbyterian Church the absolute and irrevocable right and permission to use Participant's name and to use, reproduce, edit, exhibit, project, display, copyright and publish photographic images and/or moving pictures and/or videotaped images of Participant (with or without Participant's voice) or in which Participant may be included in whole or in part, photographed, taped, videotaped and/or recorded during any Youth Ministry Activity and, therefore, to circulate the same in all forms and media for art, advertising, trade, competition of every description and/or any lawful purpose whatsoever.

## PRE-INJURY WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

We realize and acknowledge that Participant's participation in a Hodges Boulevard Presbyterian Church ("HBPC") Event, Mission Trip, Ministry Project, Youth Camp, Field Trip, Sports Activity or Activity of any kind (collectively -- "Youth Activity") anywhere within the United States, or in an International country, and travel to and from a Youth Activity, includes many risks and possible dangers. We further acknowledge that a Youth Activity may expose Participant to accidents, disease, war, political unrest and inherently dangerous activities, including by general description and not by way of limitation, horseback riding, go-kart racing, swimming, water skiing, jet skiing, other water sports, hiking, archery, sports activities and any other activities in which youth may engage (collectively -- "Risks"). We have measured the Risks against the benefits of Participant participating in a Youth Activity and have determined that the benefits far outweigh the Risks.

In good and valuable consideration, including but not limited to Participant being allowed to participate in a Youth Activity, and to the fullest extent permitted by law, we, on behalf of ourselves, heirs, executors, administrators and Participant unconditionally agree to waive, release and hold harmless HBPC, its trustees, officers, directors, employees, agents, volunteers, licensees, successors, legal representatives, Hodges Boulevard Presbyterian Church staff members and assigns (collectively -- "HBPC Releases") from all liability, claims, demands and causes of action for personal injury, sickness, disease, death, damages, property damage and expenses of any nature (collectively -- "Claims") incurred by us and/or Participant arising out of or related to in any way a Youth Activity, including negligence and/or fault, in whole or in part, of the HBPC Releases. This Pre-Injury Waiver, Release And Hold Harmless Agreement applies to all Claims that exceed insurance coverage payments, if any, received by HBPC. If no insurance payments are received by HBPC, then this Hodges Boulevard Presbyterian Church Ministry Activity Participant Form For Minors Under 18 Years Of Age Authorization For Medical Treatment and Photographic And Reprographic Release and Pre-Injury Waiver, Release And Hold Harmless Agreement ("Youth Activity Form") applies to all Claims. However, there is no obligation, express or implied, for HBPC to procure insurance coverage to cover any potential Claim. HBPC will use reasonable efforts to obtain commercially reasonable & available commercial liability insurance. HBPC affirms that the safety and well-being of all Participants is of utmost importance.

Participant's Guardians have considered the ability to obtain independent insurance coverage and certify that we have secured primary medical insurance for Participant or have other means to cover the expense of any loss, damage or injury, as described above, and we accept the Risks & associated expense.

To the extent any of the terms or provisions of this Ministry Activity Participant Form is deemed unenforceable by a court of competent jurisdiction or arbitration panel, then the terms or provisions that are deemed unenforceable shall be stricken and the remaining terms and provisions shall remain in full force and effect to effectuate the intent of the parties for this Ministry Activity Participation Form to be an enforceable non-commercial pre-injury release of a minor under Florida common law.

This form will be effective for participation in any HBPC Youth Activity that begins on or after the date this document is signed and notarized through and ending on **June 30, 2025**.

Participant's Guardians acknowledge that they are the parents and/or legal guardians of Participant, have read and understood this Ministry Activity Participation Form in its entirety and have signed and delivered it voluntarily.

**Signature of Parent(s) or Guardian(s)**

**Printed Name of Parent(s) or Guardian(s)**

**Date**