

**Hopes Float, Inc.**  
**Children's Release Form – Parent / Guardian Signature Required**

Child's full name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Age \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parents / Legal Guardian \_\_\_\_\_  
Parents Business Phone (father) \_\_\_\_\_ mother \_\_\_\_\_  
Cell phone (father) \_\_\_\_\_ mother \_\_\_\_\_  
Email (father) \_\_\_\_\_ mother \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ phone \_\_\_\_\_  
Physician \_\_\_\_\_ Physician's phone \_\_\_\_\_  
Date of last tetanus shot \_\_\_\_\_ Allergies \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Medical Information / Comments (allergies, special medical needs)  
\_\_\_\_\_  
\_\_\_\_\_

Should this child's activities be restricted for any reason? Y \_\_\_\_\_ N \_\_\_\_\_ please explain:  
\_\_\_\_\_  
\_\_\_\_\_

**Release for Hopes Float Inc.'s Events**

I give permission for my child \_\_\_\_\_, to participate in activities sponsored by Hopes Float, Inc (Hopes Float). I understand that these activities may include fishing on a pontoon boat on open waters on various Colorado lakes and it will require some physical activities and require transportation. I hereby give my consent to my child participating in said activities.

**General and Complete Release**

In consideration of my child being allowed to participate in activities sponsored by Hopes Float, I do for myself and on behalf of my child, release, forever discharge and agree to hold harmless Hopes Float, its leaders, staff, employees, members, agents, vehicle owners, and vehicle drivers, trip sponsors, LifeBridge Christian Church (LifeBridge), and any other parties volunteering on behalf of Hopes Float, from any and all liability, claims, damages, suits, and fees and costs incurred by the undersigned and the child that occur while the child is participating in an Activity that is sponsored by Hopes Float. \_\_\_\_\_ (initial)

I realize that my child may incur personal injury or bodily damage while participating in such activities and acknowledge that many of the activities will be physical in nature, will include travel, and I, and on behalf of my child, hereby assume all risk of personal injury, sickness, death, damage, and expenses as a result of participating in all activities involved therein. I acknowledge that Hopes Float, its leaders, staff, elders, employees, agents, vehicle owners, and/or vehicle drivers, trip sponsors, LifeBridge, and any other parties volunteering on behalf of Hopes Float, shall be held harmless from any and all actions, claims, costs, expenses, and damages of any kind, growing out of or related to any activity of Hopes Float in which my child participates. I further acknowledge that this is a full and complete release for all injuries, sickness, death, limitations, and damages which my child could sustain as a result of his/her participation in any Hopes Float activities. \_\_\_\_\_ (initial)

I further agree to hold harmless and indemnify Hopes Float, its leaders, staff, elders, employees, agents, vehicle owners, and vehicle drivers, trip sponsors, LifeBridge, and any parties volunteering on behalf of Hopes Float, for any and all liability sustained by Hopes Float as the result of the negligent, willful or intentional acts of my child including expenses incurred. \_\_\_\_\_ (initial)

**Medical Release and Consent to Emergency Medical Treatment**

I authorize the Hopes Float group leader, in whose care my child has been entrusted, to consent to any X-Ray examination, anesthetic, medical surgical, or dental diagnosis, or treatment, or hospital care to be rendered to my child under the general or special supervision and on the advice of any physical or dentist licensed under their provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether diagnosis or treatment is rendered at the office of physician or the hospital. I shall be liable and agree to pay all costs and expenses incurred in connection with such medical/dental services rendered. This authority is granted only after a reasonable attempt has been made to contact me or in a life-threatening situation. \_\_\_\_\_ (initial)

**Transportation Release and Waiver:**

I give permission for my child to be transported to and from Hopes Float sponsored activities in a church, private, or rental vehicle. I realize there are some dangers involved in transporting children to their activities; therefore, I specifically waive any claims I may otherwise have against Hopes Float, its leaders, staff, employees, agents, vehicle owners, vehicle drivers, trip sponsors, LifeBridge, and any other party volunteering on behalf of the Hopes Float. Should it be necessary for my child to return home due to medical reasons, misconduct or otherwise, I shall assume all transportation costs. \_\_\_\_\_ (initial)

**Discipline Release and Authorization to Return Child**

In the event of inappropriate student conduct by my child, I authorize the Hopes Float group leader or staff to send my child home at my expense. \_\_\_\_\_ (initial)

**Personal Belonging Release**

I realize that Hopes Float is not responsible for my child's personal belongings or lost or stolen items. \_\_\_\_\_ (initial)

**Electronic and Photo Release**

I give permission to have my child's photograph taken at any Hopes Float event and to use the photo for any of the following but not limited to the following: Appearing in a video/digital picture to be used in a multimedia presentation, in Internet web page, and/or appearing in a picture to be used in a publication. \_\_\_\_\_ (initial)

**I agree to all of the above provisions**

Signed: \_\_\_\_\_  
Parent or legal guardian

Date: \_\_\_\_\_

Witness: \_\_\_\_\_