

PERMISSION TO PARTICIPATE IN ACTIVITIES: All HFHE Youth Group Activities

Since HFHE youth group events are the only activities in which parents regularly may leave their child in the care of volunteers, parents should be mindful of assuring that their child is aware of acceptable behavior and language. Any child behaving inappropriately or discussing inappropriate subjects may be asked to leave the event. We parents take on the difficult job of homeschooling because we want the best environment for our children. By signing below, teens and parents agree to make all HFHE Youth Group activities a positive experience for everyone.

Also, because of the serious responsibility placed on the hosts and chaperones, ONLY registered HFHE teens will be allowed to participate in HFHE Youth Group activities.

1. **CHILD'S NAME:**

CHILD'S BIRTHDATE:

2. **NATURE AND DURATION OF ACTIVITIES:** HFHE Youth Group Activities (2010 to 2011)

3. **HFHE HOSTING FAMILY:**

4. **TRANSPORTATION:** Not Applicable. Participants are responsible for securing their own transportation to and from activities, as HFHE does not provide transportation.

5. **REQUIREMENTS:** The child named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the child. Parents/guardians should specify allergies and medical problems in section 8 below.

6. **CONSENT:** I/We hereby consent to the above-named child's participation in the activities described above, and specifically request that he be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to his participation in the activities described on this form, and all provisions contained herein.

7. **INSURANCE:** I/We understand that HFHE does not carry any health insurance relative to the activities or for any injury that may occur to the above-named child. I/We represent that the child is (a) covered by insurance through my/our own insurance carrier; or (b) that I/We am/are personally financially responsible for any and all medical costs incurred as a result of the child's injury.

8. **EMERGENCIES:** If the above-named child requires any emergency medical procedures or treatments during the activities, I/We consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my/our child's blood type allergies or other medical problems (if any) are listed below:

Blood Type: _____

Allergies / Medical Problems:

9. EMERGENCY CONTACTS: If, in the event of a medical or other emergency, I/We am/are unable to be reached by telephone at the numbers listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the alternative emergency contacts listed below.

Parents/ Guardians Contact Information

Name: _____ Home Phone: _____ Alternate Phone: _____

Name: _____ Home Phone: _____ Alternate Phone: _____

Alternative Emergency Contact Information

(1) Name: _____ Relation: _____

Home Phone: _____ Alternate Phone: _____

(2) Name: _____ Relation: _____

Home Phone: _____ Alternate Phone: _____

10. RELEASE AND INDEMNIFICATION: I/We release and waive, and further agree to indemnify, hold harmless or reimburse HFHE, the individual members, agents, directors, officers, coordinators, volunteers and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorneys' fees incurred by HFHE or any of its individual employees, agents, volunteers, etc. in enforcing this indemnity provision) without limitation in time or amount, damages or injuries arising out of, during, or in connection with my/our child's participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any. I/We understand that this release and indemnification shall survive the end of my/our child's participation in the activities referenced on this form. I/We have read and understand the above and agree to all terms and conditions contained therein.

Parent / Guardian Name

Parent / Guardian Name

Date

Parent / Guardian Signature

Parent / Guardian Signature

Date

Participant/Teen Signature: _____