

(Print this form, fill it out and bring it with you when you come to pre-register at co-op)

**LIABILITY AND MEDICAL RELEASE FORM  
LIVING HOPE CO-OP**

Release of All Claims for: \_\_\_\_\_  
(Please print Mother and Father First and Last Name)

In consideration for being accepted by the Living Hope Co-op (LHC) for participation in any activities, I, being the parent or legal guardian of the below named child-participant(s), do for myself and on behalf of my child(ren), hereby release, waive and forever discharge LHC, the meeting facility, and the directors, employees or agents thereof, from any and all liability, claims or demands for emotional or personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or their child-participant(s) that occur while participating in any activity or trip.

The undersigned hereby agrees to hold harmless and indemnify LHC, its directors, employees and agents, for any loss, liability, damage or cost they may incur as the result of the negligent, willful or intentional acts of said participant(s).

I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in activities involved therein.

I hereby grant my permission for him/her to participate fully in said activity/trip, and, should emergency medical treatment be necessary, I hereby authorize an appropriate adult to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that LHC will use all reasonable efforts to notify me (or the emergency contact listed below), where practical, prior to initiating medical treatment for any such injury or illness. Should neither party be available, I hereby give permission to any such physician or other medical personnel to provide such medical treatment such individual deems medically necessary. I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses.

I further expressly agree that the foregoing release is intended to be as broad and inclusive as is permitted by the law of the State of Washington and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign this release and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Children attending Living Hope Co-op:

Name	Age	Allergies or significant medical conditions	Medications
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Insurance  Yes  No Policy # \_\_\_\_\_

Insurance Company Name and Address \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_