



Hope Lutheran Church
 Evangelical Lutheran Church in America
 8005 San Gabriel Road
 Atascadero, California 93422
 805/461-0340
 www.ourhopechurch.org

Pastor Liz and Ryan Radtke

Hold Harmless Participation Agreement

In consideration of the permission granted to me to participate in the ministries, activities, and youth events at Hope Lutheran Church, I hereby, for myself, my heirs, administrators, and assigns, release, remise, and discharge, the church and its agents and employees, of and from all claims, demands, actions, and injuries, sustained to my person or property as a result of any act, omission, or negligence by Hope Lutheran Church while participating in ministries, youth events, and activities on the premises (or off premises) of the church. I am aware of the risks and dangers involved in on-site activities including but not limited to, worship, youth meetings, volleyball, basketball, games outdoors and inside as well as off-site activities for which I will be notified of specific danger in advance. I acknowledge that unanticipated and unexpected dangers may arise, and I assume all risks of injury to my person and property that may be sustained as a result and hold the Hope Lutheran Church completely and fully harmless from all liability. This agreement shall apply from (month)_____, (date)_____ (year)_____ until (month)_____, (date)_____ (year)_____. I represent and certify that I am at least 18 years of age, or that I have the permission of my parents or guardian to participate in the above named church ministries and they have full knowledge thereof. I understand that I/my child may be photographed and recorded during the course of youth group events. I give permission to the church to use this image in both print and electronic form and also for promotional purposes.

Student's last name	First Name	Middle Initial	School
Address	City	State	Zip
Home Phone	Student's Cell Phone / Email		Birthdate
Parent's name 1	Mother's Cell phone / Email		Emergency Contact Name
Parent's name 2	Father's Cell phone / Email		Emergency Contact Phone
Health Insurance Provider	Group Number	Policy Number	
Physician's Name	Clinic Phone Number		
Dentist's Name	Phone		
Special needs, restrictions, or allergies we need to be aware of (use back as needed)			

Print Name of Participant _____

Signature of Participant _____ Date: _____

Print Name of Parent or Guardian if under 18 _____

Signature of Parent or Guardian if Under 18 _____ Date _____

Blessed be the God and Father of our Lord Jesus Christ! By his great mercy he has given us a new birth into a living hope through the resurrection of Jesus Christ from the dead.

1 Peter 1:3