

# Emergency Information

**Student Name:** \_\_\_\_\_

**Nearest Relative** (Parent, Guardian, etc.) to contact in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Doctor** \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Medication being taken: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other known medical problems: \_\_\_\_\_

Date of last Tetanus Injection: \_\_\_\_\_

**Health Insurance Company Name:** \_\_\_\_\_ Toll Free #: \_\_\_\_\_

Name of Insured or Member: \_\_\_\_\_ Member/ID # \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Description of Activity:**

- Hiking, archery, riflery, bouncy houses, ropes courses, rappelling towers, mountain bikes, outdoor games, camp fires, woodworking, tenting, leather work, rock shop, climbing wall, general camp programs, worship services, and Bible study.

**Date(s) and location of activity:**

June 24<sup>th</sup>, 2019 to June 28<sup>th</sup>, 2019  
580 4th of July Road  
Tajique, NM 87016

(All information must be completed, including **the back side of page.**)

## Consent to Participate and Release of Liability

I consent to my student's participation in Hoffmantown Student Activities. These events include but are not limited to activities such as group physical activities, swimming, rope courses, and recreational activities, including transportation to and from and participation in activities hereafter referred to. The Consent to Participate and the Release of Liability shall remain in effect without limitation as to time.

In consideration of my student being permitted to participate in Hoffmantown Student Activities, I assume full responsibility for and hereby release, waive, and discharge Hoffmantown Church, Inc., its agents, sponsors, and all other persons, firms and corporations whomsoever, all jointly referred to hereafter as "The Church," from any and all actions, claims, and demands whatsoever which claimant now has or may hereafter have on account of or arising out of any accident, casualty, loss and/or damage resulting therefrom, which might happen to Participant's or Releaser's person or property as a result of participating in Hoffmantown Student Activities.

I realize that "The Church" and any retreat facilities cannot and do not provide perfect supervision as to protect my student from risks inherent in an activity and injuries or damages incurred or suffered as the result of Hoffmantown Student Activities. My student is sufficiently self-accountable as to be allowed to participate in Hoffmantown Student Activities without one on one or more than reasonable supervision by "The Church."

This covenant may be pleaded by Hoffmantown Church, Inc. as a complete defense to any action or preceding that may be brought to us or by our heirs or legal representatives in breach of covenant. Releasers expressly agree that this Release, Consent, Waiver, and Indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of New Mexico.

## Medical Authorization

I understand an attempt to contact the parents will be made during any emergency, but if unable to immediately contact the parent or guardian, I further authorize "The Church" to treat, discipline, restrain, and do authorize reasonable and necessary medical care for the above-named student, including but not limited to any emergency surgical procedure or hospitalization if this should become necessary wherever my student may be located.

## Media Release

Hoffmantown Church produces videos, including sound, and photographs of every event, and these media are used in publicity, including the website. We have not found a practical way to separate participants who do not want to be included in such publicity and, with regard to students, to avoid the ostracizing effect that such separation necessarily involves. THEREFORE, YOUR SIGNATURE, AS WELL AS YOUR PARTICIPATION IN HOFFMANTOWN STUDENT ACTIVITIES, OR THE PARTICIPATION OF YOUR STUDENT, CONSTITUTES YOUR CONSENT FOR THE USE OF MEDIA BY HOFFMANTOWN CHURCH THAT MAY INCLUDE YOU OR YOUR STUDENT, OR BOTH.

**I HAVE CAREFULLY READ THIS RELEASE AND CONSENT FORM, KNOW THE CONTENTS THEREOF, AND SIGN THIS RELEASE OF MY OWN FREE WILL AND ACT.**

In witness whereof, it is my express desire that the above-named student participate in Hoffmantown Student Activities, and we have executed this covenant not to sue Hoffmantown Church, Inc., approved in all respects as to form and content.

**Student Name (print)** \_\_\_\_\_

**Parent/Guardian Name (print)** \_\_\_\_\_

**\*Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
**(parent/guardian)**