**Parental Release and Permission Form**

**HOLD HARMLESS AGREEMENT**

As a participant of the Rays of Hope (formally New bridge of Hope - NBOH), you agree to discharge and release Rays of Hope, its officers, directors, volunteers and partnering agencies, from any and all claims, demands and liabilities for property damage, personal injury, and death, arising from any voluntary participation in activities at the Rays of Hope. You consent to and release any form of media exposure including video and photographs of you to be used for promotional purposes by Rays of Hope. You also covenant not to sue or to commence any legal action, complaint, or charge against NBOH, its officers, directors and employees regarding any matter covered by this agreement and release.

**EMERGENCY HEALTHCARE AUTHORIZATION**

In the event of injury or illness, whether real or suspected, you authorize and give permission to take you or arrange for ambulance or other emergency transportation service to a doctor or hospital for medical diagnosis or treatment, including but not limited to emergency surgery or medication, and you assume the responsibility of all related fees and expenses arising there from.

By signing below, you acknowledge that you have carefully read this Agreement and Release of Liability, and agree with its terms as binding for you, your heirs, legal representatives, successors, and assigns. If you are under 18, you must also obtain this consent, agreement and release of a parent or guardian who is legally responsible for you, as reflected below.

**CONFIDENTIALITY STATEMENT**

The purpose of this statement is to emphasize that access to all confidential information regarding a person’s health record is limited and governed by federal and state laws. Information, which is confidential, includes the person’s name, social security number, address, medical, social and financial data and services received. Data collection by interview or review of documents must be in a setting that protects the person’s privacy. Information discussed by team members must be held in strict confidence, must be limited to information related to the provision of care to the person, and must not be discussed outside the scope of our organization and/or partnering agencies.

**REGISTRATION**

**RAYS OF HOPE SUMMER CAMP EDUCATIONAL TOURS**

(Please fill out one form per child)

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_ Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian name Child’s Name

Herby give permission for any emergency care for my child while in the care of the New Bridge of Hope.

PHYSICIAN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name Insurance Company

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # (doctor’s office) Phone #

I affirm that all information stated above is true.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature Date