



## **Event Enrollment Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date (Month, Day, Year) \_\_\_\_\_

School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Group Name/Policy Number \_\_\_\_\_

Medical Conditions \_\_\_\_\_

### **PARENTAL CONSENT, RELEASE OF LIABILITY, PHOTO-VIDEO WAIVER**

I agree that Arms of Hope is not responsible for any personal property lost, damaged or stolen while my child participates in activities on an Arms of Hope campus or at an Arms of Hope event, that Arms of Hope has the right to provide or arrange for emergency care and to provide or arrange for emergency care transportation if medical treatment is deemed to be necessary by Arms of Hope staff, that Arms of Hope is not financially responsible for such treatment, that Arms of Hope (including directors, staff and other volunteers) is released from all liability based on any damage or injury to my child, whether it is the result of negligence or otherwise, that Arms of Hope can use any photograph or video that contains my child for its publication purposes, including: marketing, fundraising and/or informational presentations and that by signing this document, I am aware that certain activities involve risk and I freely assume the risk of any and all activities that my child engages in while on an Arms of Hope campus or at an Arms of Hope event.

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

Date signed \_\_\_\_\_