



Harvest Vision Ministries Year: _____

Harvest Kids Harvest Vision Fellowship Curlew Fellowship Ministries

Participant's Permission Form Acknowledgement of Risks & Assumption of Responsibility Confidential Information (rev 4/7/2020)

_____ Name of Participant		_____ Date of Birth	_____ Gender	
_____ Height	_____ Weight	_____ Hair Color	_____ Eye Color	
_____ Home address		_____ City	_____ State	_____ Zip
_____ Day Phone#	_____ Night Phone#	Receive text messages YES/NO		
Email address _____				
_____ Emergency Contact Name			_____ Emergency Contact Phone	
_____ Participant's Physician & Phone			_____ Participant's Insurance Company/Policy #	

I authorize the staff of Harvest Vision Ministries to give consent to emergency examinations and/or diagnostic procedures, procurement of medical treatment, emergency surgery, or administration of necessary anesthetics, when in the opinion of any physician or surgeon of good standing such medical treatment is deemed necessary for the mental or physical health of the participant and I/we cannot be reached within a reasonable time to obtain my/our consent to treatment. This grant of authority shall not create an independent duty on the part of Harvest Vision Ministries staff to give consent to treatment. I either have appropriate insurance or, in its absence, agree to pay all the costs incurred on my/our behalf.

I agree to assume and accept full responsibility for all risks, known and unknown, inherent or otherwise. My/our participation on these trips, and the activities thereof, is purely voluntary, no one is forcing me/us to participate and I/we elect to participate in spite of full knowledge of the inherent risks. I am (we are) physically and mentally capable of participating on these trips, and the activities thereof.

In consideration of the services of Harvest Vision Ministries, their officers, agents, employees and all other persons or entities associated, I certify that I am fully capable of participating on these trips, and the activities thereof. Therefore, I assume and accept full responsibility for myself, and on behalf of all minor children in my care, custody and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers not specifically identified and, as a result of negligence in participating in these activities and trips.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representatives and estate and for all members of my family, including minor children.

I am responsible to notify Harvest Vision Ministries if any of this information has changed or if I no longer want to participate with Harvest Vision Ministries under these conditions.

I understand that photos taken as part of the ministry can be used to promote the ministry.

*****If the participant is under 18 years of age, this form must be signed by a parent or legal guardian.**

Participant's Name (Printed) _____ Age _____

Participant's Signature _____ Date _____

Parent (Guardian) Name (Printed) _____ Age _____

Parent (Guardian) Signature _____ Date _____