

Please print each form on a separate sheet.

## Urban Ministry Liability and Emergency Waiver Form

**Note:** A separate form should be submitted for each team leader and team member.

### Contact Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please send me Hope for the Inner City's regular prayer updates by e-mail

Team Leader: \_\_\_\_\_

### Health Coverage Information (Please attach a copy of your medical card)

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

Company/Carrier: \_\_\_\_\_

### Waiver of Liability

I understand that neither Hope for the Inner City nor New City Fellowship will be held liable for any damages, injuries or illness that I or my participants may incur resulting from any staff training, program activity, work function or ministry endeavors. Additionally, I expressly waive any claim for compensation or liability from said organizations beyond what may be offered freely by their representatives in the event that such injury or medical expense should occur.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Character Reference Form

**Note:** A separate form should be submitted for each team leader and member.

Thank you for your willingness to volunteer through the ministries of Hope for the Inner City and New City Fellowship. As caretakers of the neighborhood youth that we are called to serve, we must take every precaution to insure that we provide adequate screening mechanisms that prevent our children from being victims of abuse. Please review and complete the following questions:

1. Do you have any history of abusive behavior towards children?
2. Have you been arrested for child molestation or accused of child abuse of any kind?
3. Have you been relieved of working with children for any reason? If so, please explain.
4. Are you or have you been seen for any type of disorders which would affect your temperament while working with our youth?
5. Please list three references we may contact to verify you are suited to work with children:

Name	Address	Phone Number

6. Will you allow Hope for the Inner City and/or New City Fellowship to check police records and government files that would disclose this information?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

If you are under 18 years of age, your parent or guardian must sign below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

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## Media Release Form

**Note:** A separate form should be submitted for each team leader and team member.

I grant permission to Hope for the Inner City and/or New City Fellowship, to use my name and/or photographs for use in publications such as recruiting brochures, newsletters, and magazines, and to use my name/and or photographs on display boards, and to use my name and/or photographs in electronic versions of the same publications or on the Hope for the Inner City and/or New City Fellowship web site or other electronic forms or media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Hope for the Inner City and/or New City Fellowship, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

**Please check the paragraph below which is applicable to your present situation:**

\_\_\_\_\_ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

\_\_\_\_\_ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP Code)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or legal guardian if under age 18: \_\_\_\_\_

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## Medical Release Form

I, \_\_\_\_\_, give permission to Jim DeRuischer, Renee DeRuischer, Dean Pasma, or Jen Pasma to seek medical treatment for \_\_\_\_\_ from July 9 through July 16, 2011.

Health Insurance Co: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Does your child(ren) have any allergies (food, medications, etc)? Please list them:

\_\_\_\_\_

Does your child(ren) need to take any medication regularly? If so, please explain:

\_\_\_\_\_

Signed: \_\_\_\_\_