

Child's Name _____
Last First Program

**Hands Extended Fishing Program
Participant Agreement**

Permission to Treat & Transport

- I understand that I am required to have accidental medical coverage for the child listed on this application, and I verify that the information provided on this form is accurate and true.
- I understand and agree that if I do not have accidental medical coverage for the child listed on this application, I will be financially responsible for all charges and fees incurred in the rendering of the said treatment.
- In the case of an injury, I authorize the staff of the Hands Extended to render first aid and/or to obtain whatever medical treatment he/she deems necessary for the welfare for my child listed on this application. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment, regardless of whether my medical insurance would cover such charges and fees.
- I understand that at the discretion of the programs supervisor and staff my child may be dismissed from the program/event, for inappropriate behavior.
- I understand that at the conclusion of the scheduled program time the program and staff are no longer responsible for my child.
- I give permission to Hands Extended Ministries, Inc. to use, reprint, and produce any photographs or videos taken of me or my child and any written materials supplied by me or my children during the Hands Extended Fishing Program.

X _____
Signature of Parent/Guardian Date

X _____
Signature of Participant or Parent/Initial Date

Doctor's Name _____

Phone _____

Insurance Co. _____

Policy# _____