Name of	Participant:	First	Middle	Last		
	RELEASE OF I	_IABILITY (if	under 18 or st	ill under paren	its insura	nce)
I/We do and that hereby re arising ou	hereby certify t if I am under 1 elease Open D	hat I am willin 8, my parent(s) oor Ministries , illness, damag	g to participate of or legal guardia and volunteer age or loss which	and/or travel winn(s) fully supponassistants from	th Open D rt my parti any liabilit	oor Ministries, cipation. I/We cy whatsoever
	ignature or parent/gua ne patient is under 18 y		. Re	elationship to participant		 Date
		CONS	ENT FOR TREA	TMENT		
=	, -	•	of such treatme eemed necessary	•	and operat	tions as in the
Participant's signature or parent/guardian's Rela Signature if the patient is under 18 years of age				elationship to participant		Date
-	•	•	edical bills for ap 'e will assume to	•		•
	ignature or parent/gua ne patient is under 18 y		R6	elationship to participant		Date
Health Insura	nce Carrier		- <u></u> Gr	oup and/or ID#		
		EMERO	SENCY CONTACT			
Name:				Relationship:		
Address:				Phone #		
	Street				Home	
	City	State	Zip		Work	
					Cell	

Open Door is a ministry of Lively Hope Ministries
Lively Hope Ministries is a 501C3 organization
Make Checks out to:
Lively Hope Ministries
21800 NE 83rd St.
Vancouver, WA 98682

(Memo Line: Open Door camps or events or donations)

- Each participant is expected to obey all guidelines and follow instructions of the leaders. A refusal to cooperate may result in the team member being sent home prematurely.
- Each individual is responsible for personal medical costs. Each person must be covered by medical insurance the entire time they are with Open Door Ministries. If necessary, Open Door Ministries will pay for medical treatment with the understanding that the individual will reimburse Open Door Ministries. Open Door Ministries will submit the bills to the individual so that he/she can be reimbursed by his/her insurance company and then can reimburse Open Door ministries. The individual is responsible to reimburse The Open Door Ministries for all medical costs that their insurance may or may not cover.
- Participants will not be allowed to make the following changes to their bodies while with Open Door ministries: tattooing, piercing, or a major hair style change. The issue here is making changes while under Open Door Ministries oversight that could cause regret or friction between the participant and their parents.

Name of Open Door Ministries Applicant (please print):						
Signature of Parent or Legal Guardian:						
I hereby certify that all the above information and statements are correct.						
Signature of Applicant:						

Open Door Youth ministries is a ministry of Lively Hope Ministries

Lively Hope Ministries is a 501C3 organization

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Vancouver, WA 98682

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