



Contact/Medical information:

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Child Name: \_\_\_\_\_ Age: \_\_\_\_\_
Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

[ ] You May Contact me about Upcoming Events

Participant(s) is/are covered by personal/family medical insurance? Yes No (circle)

Allergies/Medical Conditions: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Day Ph# \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Day Ph# \_\_\_\_\_ Relation: \_\_\_\_\_

(Please Fill out and turn in a new form if any changes occur)

Parental Agreement/Medical Waiver:

I, (please print) \_\_\_\_\_ hereby give my child(ren) listed above permission to attend church-related activities of Faith Christian Church as well as leave the church grounds for the purpose of these activities. I understand that my child will be chaperoned and that only approved adults over the age of 25 will be allowed to drive the church vans or personal vehicles containing children. In case of an emergency, I give permission for my child to receive necessary medical treatment. I grant permission for my child to be photographed or recorded during activities. I grant and convey to Faith Christian Church all rights, title, and interest in any and all photographic images and video or audio recordings made by the church during any church-sponsored events. I agree that these images, recordings, or videos can be used to promote the ministry of Faith Christian Church. I understand and agree that in the event that my child becomes disruptive that I am responsible to pick them up upon request from the location of the event, trip or activity in a timely fashion.

In consideration for the opportunity to participate in Faith Christian Church activities, the Participant (or parent/guardian) acknowledges and accepts the risks of injury or COVID-19 associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activity or during transportation to and from the activity. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor") for any injury related directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Sponsor or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_