NCLL
NATIONAL CENTER
FOR LIFE AND LIBERTY

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Annual Activities/Events
Consent and Release for Minors (No Church Transport)

Child's Full Name _____ Birthdate _____ Grade _____

1. **Consent to Participate in Church Activities and Events.** My child has my permission to participate in FCC Children's Ministry activities and events offered as part of the Ministry's Children's program. I also understand that unless otherwise communicated, I am responsible for arranging and securing my child's transportation to and from all such activities and events. I understand that I will be informed prior to all specific events and may withdraw my consent in writing for any particular event at any time.

2. **Medical Treatment.** I give permission to have my child treated in case of medical emergency. In the event of a medical emergency and I cannot be reached, I hereby authorize the Ministry's staff or volunteers, and/or emergency and medical personnel to make emergency medical decisions for my child. I acknowledge that the Ministry does not provide any health insurance covering my child the event referred to herein, and I further acknowledge that it is my responsibility to obtain health insurance covering said child. I agree to accept the sole responsibility for the cost of medical care, including emergency transportation if deemed necessary by the Ministry.

3. **Photographs/Recordings.** I also grant permission to the Ministry, and its representatives, contractors, employees and volunteers acting on behalf of the Ministry, to take and/or use, copyright, publish, edit, crop or treat images or likenesses of me or my child(ren), including photographs, videos or otherwise, for any lawful use on the Ministry's website, social media pages, blogs, or in other official Ministry printed or electronic publications without further consideration. I understand that the consent and release for this section will operate in full force and effect until I revoke my consent in writing. I understand that should photographs or videos of me or my child(ren) be used on Ministry-owned or operated websites or webpages, they may be available for download.

4. **No Church-Provided Transportation.** I further understand that, as I am responsible for arranging and securing transportation of my Child to and from all activities anticipated by this form (unless informed in writing otherwise), the Ministry is not responsible or liable for any injuries, damages, or death occurring during or arising out of transportation to or from any Ministry activity or event.

5. **Assumption of Risk/Indemnification/Hold Harmless/Liability Waiver**

    a. **I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL RISKS WHICH MAY BE ENCOUNTERED DURING THE ACTIVITIES ANTICIPATED BY THIS FORM AND ANY TRANSPORTATION THAT MAY BE PROVIDED BY MINISTRY STAFF AND/OR VOLUNTEERS TO SAID EVENTS AND ACTIVITIES.**

    b. In consideration of my child(ren) being permitted to participate in the Activities and other valuable consideration, the receipt of which is acknowledged, **I HEREBY AGREE TO RELEASE AND HOLD HARMLESS** the Ministry, its employees, volunteers, board members, and all other Ministry agents (collectively, the "Releasees") from any and all past, present, and future, known and unknown liabilities, causes of action, claims, expenses, personal injuries, and damages, **INCLUDING THOSE ARISING FROM THE NEGLIGENCE OF THE RELEASEES—**except where caused by their gross negligence or willful misconduct—and including without limitation interest, penalties, court costs,

attorneys' fees, and expenses resulting from or on account of injury to my child(ren), myself, or my or my child(ren)'s property in connection with the Activities or any transportation anticipated by this form.

c. I also agree to **DEFEND, INDEMNIFY, AND HOLD HARMLESS** the Releasees from any and all claims, liabilities, damages, costs, and expenses, including attorney's fees, arising out of or related to my child(ren)'s actions or omissions during the Activities or any transportation anticipated by this form.

6. **Severability. I EXPRESSLY AGREE** that this Agreement is intended to be as broad and inclusive as permitted in the State of Maryland and that if any portion hereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect.

I have carefully read and understand the foregoing, and I sign this legally binding document as my own free act.

Parent/Guardian Signature

Parent/guardian name _____ Signature _____

Date_____ Relationship to child_____

Student Information

Student_____Birthdate_____Age _____Grade_____

Address_____

Emergency contact person & phone_____

Primary Healthcare Provider name_____Phone_____

Known allergies & type of reaction_____

Chronic illnesses _____

Long-term medications _____