FAMILY FALL FEST

St. Paul Lutheran Church
115 Central Dr, Amherst, OH
Saturday, September 26th , 2026 3:00pm – 5:30pm

How did you hear about us?_____

Parent's Name:_____

Address:_____

Phone Number:_____

Email:_____

Child/Children:

Name:_____ Age:_____ Name:_____ Age:_____

Name:_____ Age:_____ Name:_____ Age:_____

Name:_____ Age:_____ Name:_____ Age:_____

Parent/Guardian of Participant's Agreement & Release

1. I warrant that myself/child/children is/are in good health and capable of participating in activities available at this event.
2. The storage of valuables is at my own risk
3. I expressly agree and promise to accept and assume all the risks existing in this activity. The participation of myself/ children under my care in this activity is purely voluntary and I elect to have them participate.
4. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless the event host, sponsors, staff, and volunteers for all claims, demands, or causes of action, which are in any way connected with my and/or child's participation in this activity or my use of the equipment or facilities.
5. **Photo release - I give permission to St. Paul Lutheran Church to photograph my family, child(ren).** Photographs will be shared with the congregation and sponsors. Some photos may be used on social media or church website.

By my signature below, I acknowledge that I have read the foregoing, understand it and agree to the terms.

Signature of Parent or Guardian:_____ Date:_____
Email registration to churchoffice@stpaulamherst.com or drop in the church drop box located under the portico