



**FAITH FAMILY CHURCH
EVENT & MEDICAL RELEASE**

64 Williams Rd. Wilmington, OH 45177
Office: 937-382-2213 | www.faithfamily.church

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone#: _____ Alternate Phone#: _____

Email: _____

Alternate Emergency Contact: (Emergency contact will be notified in the event the parent/guardian cannot be reached.)

Name: _____ Phone #: _____ Relation: _____

Please list the children in your household who have your permission to attend activities associated with Faith Family Church and its affiliates, and provide a copy of the insurance card associated with each child.

Child's Full Name: _____

Birthdate: _____ Age: _____ Grade: _____ Son ☐ Daughter ☐ Other Relation: _____

List any allergies to medicine or food, medical conditions, etc. _____

Child's Full Name: _____

Birthdate: _____ Age: _____ Grade: _____ Son ☐ Daughter ☐ Other Relation: _____

List any allergies to medicine or food, medical conditions, etc. _____

Child's Full Name: _____

Birthdate: _____ Age: _____ Grade: _____ Son ☐ Daughter ☐ Other Relation: _____

List any allergies to medicine or food, medical conditions, etc. _____

Child's Full Name: _____

Birthdate: _____ Age: _____ Grade: _____ Son ☐ Daughter ☐ Other Relation: _____

List any allergies to medicine or food, medical conditions, etc. _____

EVENT & MEDICAL RELEASE

I hereby give my permission for all the children listed to ride in any vehicle provided by Faith Family Church and its affiliates to participate in any and all activities and go to FFC Events and all related functions. I further understand that in signing this permission slip, I release and hold harmless FFC, its trustees, officers, employees, and any volunteers from any liability, past or future, fully and completely. I authorize the staff or designated medical professionals to administer emergency medical assistance if I cannot be reached. It is understood that reasonable efforts will be made to contact me prior to obtaining such care, but I authorize such care whether I am contacted or not, and I agree to be financially responsible for such care. I understand photos may be posted on social media and/or used for promotional material, and I give FFC and its affiliates permission to use photos of my child for this purpose.

COVID-19 RELEASE & WAIVER OF CLAIMS

I hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19, or other communicable diseases, could occur while my child(ren) is in the care of Faith Family Church and its affiliates. As such, and in consideration for care and services to be provided by Faith Family Church, the undersigned, for myself and my child(ren) fully assume all of the risks associated with participation in FFC Events, including the possibility of COVID-19 community spread.

BAPTISM PERMISSION

I understand the purpose and beliefs of Faith Family Church and its affiliates. I also understand that unless otherwise noted, my child(ren) may be given an opportunity to follow the Lord in believer's baptism when he/she trusts Christ as his/her Savior. This will be completely voluntary, based on the student's faith and desire, without any outside pressure to do so. Understanding this, I give permission for my child(ren) to participate in the activities of Faith Family Church, to attend camp, to be taught the Bible, and to be baptized when he/she accepts Christ as Savior.

HOLD HARMLESS

As the parent and/or legal guardian of the child(ren) listed on this form, I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of my child(ren). I have read and fully understand and acknowledge the contents of this release. my signature below is confirmation that I agree that I am voluntarily waiving, releasing, indemnifying, and discharging faith family church and its affiliates, trustees, officers, employees, and any volunteers from any and all liability, damages, and each and every action by participation in and/or associated with Faith Family Church.

SHOULD ANY OF THE INFORMATION PROVIDED ON THIS FORM CHANGE, IT IS THE RESPONSIBILITY OF THE PARENT TO REQUEST A NEW FORM, COMPLETE THE FORM IN ITS ENTIRETY, AND SUBMIT IT TO THE CHURCH OFFICE.

I HEREBY GRANT MY PERMISSION FOR THE CHILDREN LISTED ON THIS FORM TO PARTICIPATE IN ANY AND ALL EVENTS HELD BY FAITH FAMILY CHURCH AND ITS AFFILIATES INDEFINITELY OR UNTIL REVOKED BY ME IN WRITING.

PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

SIGNED IN THE PRESENCE OF A NOTARY, THIS _____ DAY OF _____, 2022.

NOTARY SIGNATURE: _____

MY COMMISSION EXPIRES: _____