



**ACTIVITY CONSENT FORM
AND APPROVAL BY PARENTS OR LEGAL GUARDIAN**

Student's First Name _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Has approval to participate in:

Name of activity

Date of activity ____ / ____ /2018 _____ Time of activity _____
Month/Day/Year

Without Restrictions

Special considerations of restrictions: _____

HOLD HARMLESS AGREEMENT

I have carefully considered the risk involved and have given consent for my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Family Worship Center, the board of directors, all pastors and elders, all employees, volunteers, related parties, or other organizations associated with this activity from any and all claims of liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Parent/Guardian printed name _____

Parent/Guardian Signature _____ Date _____

Email address _____

Phone Number _____ Emergency Contact Name _____

Emergency Phone Number _____ Do you have medical insurance? ____yes ____no

Insurance Provider _____ Doctor's Name _____

Policy Number _____ Group Number _____