THE FAITH BAPTIST CHURCH OF ALTOONA

ALTOONA, PA

**Ministry Activity Consent and Release Form**

I, the undersigned parent or guardian, hereby consent to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, participating in the **Overnighter** an event sponsored by The Faith Baptist Church of Altoona on **Sunday, May 28 through Monday, May 29** being held at **Mrs. Bargers place** beginning **after church Sunday night until noon Monday (We will be at the church at noon)**. I certify that my child has permission to ride the church vehicles and is able to participate in the activity listed above. If my child has medical conditions that may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize representatives of The Faith Baptist Church to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

**I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED AT SAID ACTIVITY, INCUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO, INCLUDING TRANSPORTATION TO AND FROM THIS EVENT**. In consideration for my child being permitted to participate in the activity, I do hereby agree to hold The Faith Baptist Church of Altoona and its agents, employees, and volunteers, harmless from, and to indemnify for, any and all liability, actions, causes of actions, claims, expenses, including attorney’s fees, and damages on account of injury to my child, even injury resulting in death, which I now have or which may arise in the future in connection with my child’s participation in the activity and any other associated activities. I further agree to hold The Faith Baptist Church of Altoona and its agents, employees, and volunteers harmless from, and to indemnify for, any and all liability, actions, causes of actions, claims, expenses, including attorney’s fees, and damages on account of injury to a Third Party or his property which may arise in the future in connection with my child’s participation in the activity and any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the Commonwealth of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS** **THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT**. This is a legally binding agreement that I have read and understand.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or Guardian Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or Guardian Date

 MEDICAL CONDITIONS TO BE AWARE OF:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TELEPHONE NUMBERS WHERE I MAY BE REACHED IN AN EMERGENCY

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I DO NOT WISH MY CHILD TO PARTICIATE IN THE FOLLOWING:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_