

Name of Participant: _____

Liability Release

In consideration for being accepted for participation in all trips and/or activities with Fairfield Christian Church:

We (I), being 18 years of age or older, (myself) (and for and on the behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Fairfield Christian Church and the Youth Ministry Sponsors thereof from any and all loss, liability, claims or demands of any nature whatsoever which may be incurred by the undersigned and the child/participant that occur while said child is participating in any and all trips and/or activities. Furthermore, we (I) (and on behalf of our [my] child-participant if under age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to Fairfield Christian Church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify Fairfield Christian Church, and its Youth Ministry Sponsors, for any liability sustained by Fairfield Christian Church as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 18 years): We (I) are the parent(s)/legal guardian(s), with legal custody of this participant, and hereby grant our (my) permission for him (her) to participate fully in said activity, and hereby give permission to take said participant to a doctor, hospital or emergency treatment center, and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs. We (I) also give permission for this participant to be photographed in the duration of the activities and for those photographs to be used in church publicity on an "in-house" level. This includes, but is not limited to the following list: photo identification name badges, PowerPoint presentations, bulletin boards, posters, flyers, the church web page, and church brochures.

Print Name (*parent/legal guardian*): _____

Signed: _____ Date: _____

By signing above, we (I) attest to be the *custodial* parent(s)/legal guardian(s) of the participant above. Please check relationship to child:

Mother Father Grandparent Legal Guardian Other (specify) _____



2008 Revolution Registration Form (Grades 6-12)



Child's Name: _____ Birth Date: (mm/dd/yy) ____ / ____ / ____
(Last) (First)

Gender (circle one) : Male / Female Grade (circle one) : 6th 7th 8th 9th 10th 11th 12th

Custodial Parent/Guardian Information:

Mother: _____ E-mail: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Father: _____ E-mail: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

*Child lives with (Check One): Mother Father Both Legal Guardian

*Is either parent (or other) forbidden by court order from having equal access to the child?

No Yes, who: _____

Emergency Contact Information (someone other than those listed above):

Name: _____ Phone Number: _____

Relation to Emergency Contact: _____

Physician: _____ Physician Phone: _____

Please indicate below any **allergies** or **special needs** your child may have. This would include any health problems that would limit activities or any other insights on what might help assimilate your child into the classroom/activity environment.

Consent to Medical Treatment

We (I) _____, parent(s)/legal guardian(s), with legal custody of the above named minor, understand that in the event medical treatment is required every effort will be made to contact me. However, if we (I) cannot be reached, we (I) give permission to Fairfield Christian Church to take said participant to a doctor, hospital or emergency treatment center to obtain treatment. We (I) consent to any X-rays, examinations, anesthesia, medical or surgical diagnosis, treatment or hospital care deemed necessary.

Signed: _____ Date: _____

UPDATE



INFORMATION

2009
I have reviewed this Registration Form and find that all information, including custodial, health concerns/needs and allergies is accurate as of _____.
Today's Date Parent/Guardian Initials
Furthermore, I acknowledge and understand that any changes that may occur after this date are my responsibility to notify the Real Life Office immediately.

2010
I have reviewed this Registration Form and find that all information, including custodial, health concerns/needs and allergies is accurate as of _____.
Today's Date Parent/Guardian Initials
Furthermore, I acknowledge and understand that any changes that may occur after this date are my responsibility to notify the Real Life Office immediately.