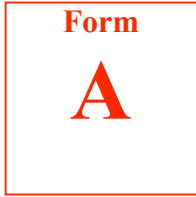


FAITH EVANGELICAL FREE CHURCH PERMISSION/WAIVER FORM



(Information in this document will be kept confidential)

Name of Participant (please print) _____
Address _____
City _____ State _____ Zip _____ Phone _____
Student email address _____
If the participant is a minor, print the names of parent(s) and/or guardian(s) _____
Age of Participant _____ Birth Date _____ Sex: M F Grade _____
School _____ Church Attending: _____

Functions and Activities

It is my understanding that participating in the programs, recreational and other activities of FEFC is a privilege. Prior to the individual named above participating in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability – Special Events and Field Trips Statement

By signing this Permission/Waiver Form A, I expressly warrant that the individual named above is capable of withstanding both the physical and mental demands of the activities which will be identified for upcoming events. I understand that I will need to complete a separate Special Events/Permission Waiver Form B for each special event or activity in which my child participates. I also expressly assume all risks for the individual named above, who is participating in the activities, whether such risks are known or unknown to me at this time.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the individual named above, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of FEFC to seek and secure any needed medical attention or treatment for the individual named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and again, I agree to pay for the medical treatment.

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.) _____

Medical Insurance

Health insurance information: Insurance Company _____
Policy Number _____ Phone Number _____
Medical Doctor _____ Phone Number _____
Dentist _____ Phone Number _____

Please see other side

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(Information in this document will be kept confidential)

Emergency Contacts

Name of persons and telephone numbers to call in case of emergency:

Parent/Guardian _____ Home _____ Work _____
Parent/Guardian _____ Home _____ Work _____
Other _____ Home _____ Work _____

Swimming Ability

_____ Non-swimmer
_____ Beginner (capable of swimming for several minutes in deep water)
_____ Moderate (capable of swimming several lengths of pool)
_____ Advanced (capable of swimming long distances)

Other Information

Other information leaders should know about the participant.

Video Game Disclaimer – Junior High/Senior High Activity

There are times that video games are played as a part of special events. Please contact the office staff if you do not want your youth to participate in these activities or if you would like more information about the content of the games.

FOR USE ONLY IF THE PARTICIPANT IS A MINOR

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the individual named above to participate in the activities of FEFC, including any special events/activities described above. In consideration for allowing the participation of the individual in the activities of FEFC, I hereby consent to the Permission/Waiver Form, including the **Release of Liability** above.

Please complete and return this form to the appropriate ministry head prior to the trip or event.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Date

NOTE: ONCE THIS FORM (A) IS COMPLETED, IT WILL BE KEPT ON FILE FOR THE FEFC MINISTRY YEAR. IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO INFORM THE CHURCH IF THERE ARE ANY CHANGES TO THE INFORMATION CONTAINED IN THIS FORM.