

**FAMILY LIFE CHURCH, INC.
LIABILITY RELEASE FORM MINORS
IKIDS CHILDREN'S MINISTRY/ROOTS STUDENT MINISTRY**

Please complete a copy of this form for each minor participating in Family Life Church, Inc. ("Family Life Church" or "FLC") activities, events or trips occurring both on and off campus. The agreement and parental portions must be signed and dated. The consent portion of the form authorizes emergency medical treatment should this be necessary. Complete medical information will save valuable time in the event of an emergency.

Registration Information:

Name of the minor: _____ ("Minor")

Date of Birth: ____/____/____

School Grade: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Mother: _____ Cell phone: _____

Father: _____ Cell phone: _____

Legal Guardian: _____ Cell phone: _____

Emergency Contact:

Name: _____ Phone: _____

Relationship: _____

In the absence of parent/guardian Family Life Church may contact:

Name: _____ Phone: _____

Relationship: _____

Medical Information:

Physician's Name and Phone: _____

Health Insurance Co. & Policy #: _____

Known Allergies: _____

Current Medications: _____

Is Tetanus Immunization current? ____ Yes ____ No

Are your child's shots up to date? ____ Yes ____ No

Is there anything that will prevent or restrict child's participation in any activity?

____ Yes ____ No

If yes, explain _____

Medical Release:

In the event of sickness, injury, accident or some other medical emergency, I (we) request that my (our) child receive any medical attention or treatment deemed necessary. Therefore, I (we) the parent(s)/guardian(s) give permission to hospitals, doctors, health care providers and/or any Family Life Church Leader to transport, admit for care and provide treatment for my (our) child. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify Family Life Church, FLC staff, FLC volunteer leaders and FLC Board of Directors. *This permission will extend until said minor reaches 18 years of age or I (we) as parent(s) or legal guardians revoke this medical release in writing.*

Parent(s)/Guardian(s) Signature: _____ Date: _____

Release of Liability and Indemnification:

I (we) agree that the minor referenced above may participate in various activities with Family Life Church and IKIDS Children’s Ministry/ROOTS Student Ministry. I (we) further understand that Family Life Church is a non-profit organization and agree to release Family Life Church of any and all liabilities the minor may suffer as a result of participating in various activities with Family Life Church. I (we) give permission for my (our) child to participate in Family Life Church activities/events occurring both on and off campus. *This permission will extend until said minor reaches 18 years of age or I (we) as parent(s) or legal guardians revoke this release of liability in writing and provide notice to Family Life Church.*

1. **Release and Hold Harmless of Family Life Church:** I (we), individually and as next friend of the minor made the basis of this document, as the releasing party do hereby and forever release and hold harmless Family Life Church and its respective agents, volunteers, employees, attorneys, assigns, and all of their respective successors in interest from any and all claims I (we) could bring individually and as next friend of the minor related or incidental to the minor’s participation in all events and activities in any way associated with Family Life Church, either at its principal address or on trips, and whether caused by the sole, joint or contributory negligence of Family Life Church and resulting in damage to personal property, bodily injury, or death.
2. **Indemnification of Family Life Church:** I (we) HEREBY AGREES TO FULLY INDEMNIFY AND DEFEND FAMILY LIFE CURCH AND ITS AGENTS, VOLUNTEERS, EMPLOYEES, ATTORNEYS, ASSIGNS, AND ALL OF ITS RESPECTIVE SUCCESSORS IN INTEREST AGAINST ANY AND ALL LIABILITY, CLAIMS, DEMANDS, OF ANY TYPE OR CHARACTER ALLEGED BY ANY PARTY INCLUDING BUT NOT LIMITED TO DAMAGES, LITIGATION EXPENSES, COURT COSTS, LOSSES, DEFENSE COSTS, AND ATTORNEY’S FEES FOR

INJURY OR DEATH TO ANY PERSON, INCLUDING THE UNDERSIGNED OR THE MINOR MADE THE BASIS OF DOCUMENT, DIRECTLY OR INDIRECTLY ARISING OUT OF OR RELATED TO THE UNDERSIGNED'S OR THE MINOR'S PARTICIPATION IN ANY ACTIVITY OR EVENT INVOLVING FAMILY LIFE CHURCH IN ANY MANNER. IT IS THE EXPRESSED INTENT OF THE PARTIES TO THIS AGREEMENT THAT THIS INDEMNITY IS EXTENDED TO THOSE ACTS RESULTING FROM THE SOLE, JOINT OR CONTRIBUTORY NEGLIGENCE OF FAMILY LIFE CHURCH AND ITS AGENTS, VOLUNTEERS, EMPLOYEES, ATTORNEYS, ASSIGNS, AND ALL OF ITS RESPECTIVE SUCCESSORS IN INTEREST.

I (we) acknowledges and represent the following: that I (we) are in fact the parent or legal guardian of the minor and otherwise has the authority to enter into this agreement; that this agreement is supported by valuable consideration, including the ability of the minor being able to participate in activities at FLC; and that this agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

PARENT/GUARDIAN INDIVIDUALLY AND AS NEXT FRIEND OF MINOR:

_____	_____	_____	_____
(Signature)	Date	(Signature)	Date
_____		_____	
(Printed Name)		(Printed Name)	

WITNESS TO THE ABOVE SIGNATURE(S):

_____	_____
(Signature)	Date

(Printed Name)	