

# Children's Ministries Participation Agreement



Child's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Activity \_\_\_\_\_ Date \_\_\_\_\_

By signing below, the parent/guardian acknowledges and accepts the risks of physical injury or property damage associated with participation in the activity described above. Except for gross negligence on the part of First Evangelical Free Church (FEFC), the parent/guardian accepts personal financial responsibility for any personal injury or property damage sustained during the activity. Further, the parent/guardian promises to hold harmless FEFC and its representatives for any injury or damages related to the activity.

If a dispute over this agreement or any claim for injury or damages arises, the parent/guardian agrees to resolve the matter through binding arbitration before an impartial arbitrator chosen by FEFC.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_

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## EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, I hereby give permission to the church-appointed sponsors who are with my child at the activity stated above to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.

Parent/Guardian Signature \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

If I cannot be reached, please notify \_\_\_\_\_ Phone Number \_\_\_\_\_

Known Allergies \_\_\_\_\_