

FOCUS Waiver and Release Form

- All participants under 18 must have a **signed** Waiver and Release form.
- Return this form to Claire at cchapman@firstfreewichita.org or place in her box in the First Free main office.

FOCUS is an overnight retreat administrated by First Free for the purpose of glorifying God through teaching, singing, prayer, and activities including but not limited to large group games, octa-ball, Frisbee, etc.

Student Information

Church: _____

Name: _____ Gender: M F DOB: _____ Age: _____

Address: _____ City: _____ Zip: _____

Photo Release

I give permission for my child's image to be used on any media (digital or film photography, video photography, audio recording or other documentation) with respect to any First Free ministry event. These media sources may include the church website, Facebook, printed publications, electronic publications and display in church buildings. *If you have not given permission for your children/ student's pictures to be released on the Family Medical/ Photo Release form, we will not release their pictures.*

Liability Release

I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue First Free, its employees, agents, volunteers, and affiliates from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify and hold harmless First Free for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Disciplinary Agreement

I understand that while participates in First Free activities, he or she is responsible to abide by the rules set forth by the leaders and supervisory personnel. Any serious infraction of these rules and/or disregard of leadership by him/her can result in dismissal from the program or event. If he/she is dismissed from the program or event, I agree to assume the cost and responsibility of him/her returning home, and of any damages which may have been caused by him/her.

Medical Agreement

I give my authority and consent to any First Free sponsors/leadership to seek a doctor or qualified person to provide emergency medical treatment to the above named student/sponsor in the event he/she is ill or injured while participating or traveling to or from any church sponsored event/activity. I, undersigned parent/guardian of the above mentioned child who is a minor, do release, acquit, discharge and covenant to hold harmless its sponsors and representatives from any and all actions, causes of actions, damages, and/or liabilities arising from the medical treatment of any sickness or injuries from an accident incurred by my said child during this activity.

Parent/ Guardian Information

Signature: _____ Date: _____

If you are a Parent/ Guardian of an attendee who is under 18 years of age, please indicate the following:

Your Name: _____ Relationship to Attendee: _____

Phone Number: (_____) _____