



Student Name _____ Male Female

Address _____ City _____ State _____ Zip _____

Home Phone _____ Parents Email _____

What event are you attending with FCC ROCK? _____

Health Insurance Company _____ Policy # _____

Known Allergies and Reactions _____

Medications Currently Taking _____

Parents/Legal Guardians Name (with who you live) _____

Emergency Contact Info of Parent/Legal Guardian

Work Phone _____ Cell Phone _____

Person to notify if parent/legal guardian cannot be reached:

Name _____ Relationship _____ Phone _____

I, the participant or for those under 18 the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in the First Christian Church - Kissimmee program. The individual identified on this form understands that all participants are required to abide by the FCC ROCK rules and is directly responsible to the FCC ROCK Group Leader. The FCC ROCK Group Leader assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I hereby release, forever discharge and agree to hold harmless a) First Christian Church and its staff, approved volunteers, group leaders, and all other persons or entities acting on their behalf (the "Covered Parties") and b) the lessor/owner of properties on which the Programs are held, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the participant, the undersigned, and/or any member of the participant's family by reason of participating in any activities associated with FCC ROCK and First Christian Church of Kissimmee whether or not such claims, actions, demands, liability, costs or expenses are caused by the negligence or omission of any of the Covered Parties. It is my intention to, and I do hereby surrender and waive any rights to sue or exercise any legal right to seek damages from the Covered Parties from their failure to use reasonable care in any way.

Further, I do authorize the minister, sponsor, or Group Leader of the Program, or any FCC ROCK authorized Volunteer to take the participant to a doctor or hospital and I hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and I hereby assume financial responsibility for all expenses incurred for such treatment and, if necessary, all expenses to return the participant home.

Further, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of the participation in this FCC ROCK Program. I hereby release and agree to hold harmless and indemnify the Covered Parties, for any liability and/or expense sustained as the result of negligent willful or intentional acts of the participant, including damages to the Program facility. I agree to pay for damage done to any Program facilities or FCC ROCK/First Christian Church Kissimmee property by the participant.

For valuable consideration received, I hereby irrevocably grant First Christian Church - Kissimmee and FCC ROCK to use the participants name, voice, likeness, and image in all forms and media, and in all manners for any lawful purpose, commercial or non-commercial.

I acknowledge this agreement is intended to be as broad and inclusive as permitted by the laws of the state of Florida and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I further agree this agreement will be governed by and construed in accordance with the laws of the State of Florida without giving effect to the principles of conflict of law and the courts within Florida will be the only courts of competent jurisdiction. I hereby irrevocably submit to the personal jurisdiction of the courts of Osceola County, Florida.

I hereby certify that I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I am aware that by signing this agreement I assume all risks and waive and release certain substantial rights that I may have or possess against FCC ROCK/First Christian Church - Kissimmee or any of the covered parties.

Signature of Participant Named Above _____

(If under 18 parent or legal guardian must sign)

Printed Name of Parent/Legal Guardian _____ Date _____

Signature of the Parent/Legal Guardian _____