



# CHRIST FELLOWSHIP

## PARTICIPANT RELEASE, CONSENT & WAIVER OF LIABILITY

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**READ CAREFULLY BEFORE SIGNING** In consideration of my/our child's participation in the activities, events and programs promoted, produced and/or sponsored by CHRIST FELLOWSHIP CHURCH, INC., a Florida not-for-profit corporation ("Program"), I/we hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Christ Fellowship Church, Inc., and its respective pastors, employees, agents, representatives, directors, officers and/or volunteers (hereinafter referred to as "RELEASEES") for any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my/our child, or to any property belonging to me/us or my/our child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the Program, or while in, on or upon the premises where the Program is being conducted, including transportation to and from the Program.

### PROGRAM ACTIVITIES MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- **TRANSPORTATION TO AND FROM ACTIVITIES AND EVENTS**
- **OUT OF TOWN FIELD TRIPS**
- **SWIMMING, HIKING, CAMPING, FISHING, HORSEBACK RIDING, BOATING**
- **OUTDOOR FIELD/COURT ACTIVITIES INCLUDING, BUT NOT LIMITED TO, RUNNING, JUMPING, STRETCHING AND LONG-DISTANCE WALKING, SOCCER, FOOTBALL, BASKETBALL**
- **ANIMAL INTERACTION SUCH AS ZOOS (INCLUDING PETTING ZOOS)**
- **INTERACTIVE CLASSROOM PROJECTS AND SCIENCE EXPERIMENTS**
- \_\_\_\_\_

### IDENTIFICATION & ACKNOWLEDGMENT OF RISK

I/we am/are fully aware of the risks and potential hazards connected with my/our child's participating in the Program, including, but not limited to, the risk of loss of personal property from theft or destruction, injuries associated with the above referenced Program activities, and other injuries that may not be foreseeable, all of which may include lacerations, contusions, abrasions, broken bones, fractures, concussions, sprains, internal injuries, head and brain traumas, etc. and may lead to serious injury, paralysis, or even death, and I/we hereby elect to allow my/our child to voluntarily participate in the Program, and engage in such activity knowing that the activity may be hazardous to my/our child and my/our property. Like any other program participants at Christ Fellowship Church, program participants will be immersed into the Christ Fellowship community on and off campus. Being on and commuting around and between Christ Fellowship campuses and other Program destinations, involves risks, known and unknown, for all persons, including Program participants. I/WE VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PERSONAL INJURY OR DEATH, that may be sustained by my/our child, or any loss or damage to property owned by me/us or my/our child, as a result of my child being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

## ACKNOWLEDGMENT OF GOOD PHYSICAL CONDITION

I/we further acknowledge that my/our child is in good physical condition and I/we do not know of any medical or physical condition or other reason that my/our child should not participate in the Program or which could interfere with my/our child's safety in such Program, or else I/we am/are willing to assume—and bear the cost of— all risks that may be created, directly or indirectly, by any such condition. My/our child's participation in any Program activity is purely voluntary, and I/we elect to have my/our child participate in spite of the risks and known or unknown dangers associated with Program activities.

## CONSENT TO MEDICAL TREATMENT

I/we hereby give permission for the Program staff (including the Releasees) to administer appropriate medical attention to my/our child in the event of any accident, illness, or injury, including non-prescription medications and/or any medications my child brings in original containers with dosage instructions that is provided to Program staff. I/we will be responsible for any and all costs of medical coverage and treatment provided not covered by my/our child's insurance. My/our contact and insurance information is set forth below and I/we will notify Christ Fellowship immediately if any of the information contained below changes:

I can be reached at: Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cellular Phone Number: \_\_\_\_\_

Family Physician Name and Number: \_\_\_\_\_

Medical Insurance Company and Policy Number: \_\_\_\_\_

Prescribed Medications Taken: \_\_\_\_\_

Special Needs (allergies, asthma, etc.): \_\_\_\_\_

In the event I cannot be reached in an emergency, please contact \_\_\_\_\_  
at phone number: \_\_\_\_\_

## CONSENT TO PHOTOGRAPHY

In addition, I/we realize that during the year my/our child may be photographed or videotaped in connection with his/her involvement with Christ Fellowship Church or any of its Programs. These photographs or videos may be used for marketing or publicity purposes and may be released for use by the media, i.e. newspapers, brochures, videos, and television without compensation of any kind to the me/us or my/our child. All negatives and positives, together with the prints or video, shall become the property of Christ Fellowship Church. By signing this Form, I/we am/are giving Christ Fellowship Church permission to use such photographs or videos at their discretion without compensation to or prior approval from me/us, or my/our child.

## RELEASE AND WAIVER OF LIABILITY

I/WE HEREBY EXPRESSLY RECOGNIZE AND ASSUME ALL RISKS ASSOCIATED WITH MY/OUR CHILD'S PARTICIPATION IN THE PROGRAM AND VOLUNTARILY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND HOLD HARMLESS THE RELEASEES. I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorneys' fees, that may incur due to my child's participation in the Program WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. It is my/our express intent that this Participant Release, Consent and Waiver of Liability shall bind the members of my/our family and spouse, if I/we am/are alive, and my/our heirs, assigns and personal representative, if I/we am/are deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I/we hereby further agree that this Participant Release, Consent and Waiver of Liability shall be construed in accordance with the laws of the State of Florida.

IN SIGNING THIS PARTICIPANT RELEASE, CONSENT AND WAIVER OF LIABILITY, I/WE ACKNOWLEDGE AND REPRESENT THAT I/WE have read the foregoing, understand it and sign it voluntarily as my/our own free act and deed; no oral representations, statements, or inducement, apart from the foregoing written agreement, have been made; this Participant Release, Consent and Waiver of Liability shall remain in effect for all Programs and shall continue in full force and effect until it is revoked in writing and the writing is delivered to Christ Fellowship Church; I/we am/are at least eighteen (18) years of age and fully competent and I/we am/are the parent(s) or guardian(s) of the child participant named below, and I/we execute this Participant Release, Consent and Waiver of Liability for full, adequate and complete consideration, fully intending to be bound by same.

**Printed Participant Name:** \_\_\_\_\_

**Printed Parent or Guardian Name:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

**Printed Parent or Guardian Name:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

[See Statutory Notice contained on the next page]

## **STATUTORY NOTICE TO MINOR CHILD'S PARENTS/NATURAL GUARDIAN**

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READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF CHRIST FELLOWSHIP CHURCH, INC., OR ITS OFFICERS, PASTORS, DIRECTORS, ELDERS, EMPLOYEES AND/OR AGENTS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM CHRIST FELLOWSHIP CHURCH, INC., OR ITS OFFICERS, PASTORS, DIRECTORS, ELDERS, EMPLOYEES, VOLUNTEERS AND/OR AGENTS, IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND CHRIST FELLOWSHIP CHURCH, INC., OR ITS OFFICERS, PASTORS, DIRECTORS, ELDERS EMPLOYEES AND/OR AGENTS, HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.