Word of Life Winter Recharge

PARENTAL RELEASE FORM

I hereby consent to let my child,

­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, participate from **Friday, March 4th to Sunday March 6th** in the above named Unashamed youth event of Forest Baptist Church.

Drop off at Forest Baptist Church- 3:45pm

I, for my child, voluntarily accept and fully assume such risks, dangers, and hazards, and the possibility of personal injury resulting from my child’s participation in this activity. I release, indemnify and hold harmless Forest Baptist Church, its trustees, elders, staff, Unashamed youth leaders, members or volunteers from:

Any loss, personal injury, accident, misfortune, or damage to the above named, or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named.

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone/Cell­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned participant, understand that I am to act in a safe and responsible fashion to follow and obey the instructions and directions of the person(s) in charge of this activity.

Participant Signature

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_