

FULL LIFE YOUTH MINISTRIES PARENTAL CONSENT AND RELEASE FORM

This form will be in effect from December 31, 2007 to December 31, 2008. It will be used for all Youth activities and trips.

I, the undersigned parent or guardian, hereby consent to my child, _____, who is _____ years of age, participating in the activities connected with the Youth Ministries of Full Life Community Church which will be held throughout the year of 2008. I also consent to my child riding in a vehicle driven by an adult sponsor to and from these events and activities. If my child has medical conditions that may be relevant to a physician in the event of an emergency, I have listed them on the attached health form. In the event an emergency occurs, I may be reached at the telephone number listed on the health form. If I cannot be reached within a reasonable period of time, I hereby authorize the adult sponsor, **Quinton Williams**, to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Full Life Community Church and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Missouri and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND UNDERSTAND THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

I do not wish for my child to participate in the following activities:

PLEASE FILL OUT THE HEALTH RELEASE FORM ON THE OTHER SIDE

2008 FULL LIFE YOUTH MINISTRIES HEALTH RELEASE FORM

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CHILD'S NAME _____ DATE OF BIRTH ____/____/____

Medical Conditions to Be Aware of: _____

Physical Restrictions: _____

Instructions and Medications: _____

Date of Last Tetanus or Booster: _____

Does your Child have any allergies (Penicillin, Other Drugs, Insect Stings, Ivy Poisoning, Hay Fever, etc.)? _____

Does your Child sleepwalk? _____

May we give aspirin or Tylenol for pain/or fever? _____

Is there medical or hospitalization insurance which provides benefits for this Child? _____

Name of Insurance Co. _____

Address _____

Policy Number _____

Name of Policy Holder _____

Phone No. of Insurance Co. (_____) _____

Physician's Name _____ Phone Number: (_____) _____

Parent or Guardian Name (Printed): _____

Telephone Numbers Where I May Be Reached In an Emergency:

Home: (_____) _____ Work: (_____) _____

Other: (_____) _____

Parent or Guardian Signature

Date