

Student Ministry Permission Form

In consideration of my child participating in Student Ministry activities sponsored through Faith Evangelical Free Church, Inc., I/We Parents and Natural Guardians of

(Name of Student)

authorize my child to participate and attend Faith Church Student Ministry Group Activities in the OH, KY, and IN areas during the period of May 2024 through May 2025.

I understand that transportation and supervision will be provided by the Student Ministry of Faith Church in conjunction with volunteers who may or may not be members of the Church using vans, private vehicles, and/or chartered transportation.

Special Needs: I am advising the Student Ministry that my child has special needs or requires medicine as follows: **(PLEASE NOTE:** All medication, prescription and over the counter medicine, must be administered by Faith Church Staff)

(Describe Requirements in Detail)

I/We understand that there is risk associated with any student activity which could cause serious injury, paralysis, or even death to my child and I/We, the undersigned, hereby release, acquit, and forever discharge Faith Evangelical Free Church, the Student Ministry, its Ministers, supervisors, employees, agents, and volunteers from any and all potential and actual injury and damages that my child may sustain while participating in the Student Ministry activity described herein.

I/We further understand and agree that we will hold harmless and indemnity Faith Evangelical Free Church, the Student Ministry, its Ministers, supervisors, employees, agents, and volunteers from any and all suits, claims, demands, causes of action, and subrogation claims whatsoever, whether known or unknown, whether foreseen or unforeseen, which may arise out of said activity described herein.

I/We understand that this is a binding release and is binding upon my/our heirs and assigns.

I/We further authorize any emergency or medical treatment that may be necessary to aide and assist my child in the event of any injury. I hereby request that the Student Ministry notify me/us at the following phone number(s).

Caution: By signing this authorization and release, I/We understand that I/We are giving up certain parental rights to claim damages and to bring suit against Faith Evangelical Free Church.

Parent(s) / Natural Guardian(s)

Date

Signature

(Home Phone)

(Mom's Cell)

(Dad's Cell)