RELEASE AND CONSENT FOR TRAVEL WITH
FAITH CHURCH

THIS FORM MUST BE READ AND SIGNED BY PARENT(S) OR GUARDIAN(S) OF EVERY MINOR:

STUDENT'S NAME:_____
First Middle Last

This is to certify, in writing, that I, _____(parent/guardian) grant permission for _____ (student's name) to be transported by way of bus or vehicle, operated by Faith Church during any official youth/church event. During these events, I acknowledge that Faith Church is not liable for medical expenses, hospital expenses, or other such charges incurred for such services as may be rendered for or on behalf of my child as a result of injury or sickness. I understand that if my child is injured or becomes sick, Faith Church will not be liable unless the injury or illness is the result of negligent conduct on the part of an employee of Faith Church. Under no circumstances may this release be waived, modified, or otherwise altered unless previously approved in writing by the CHURCH or PARENT. Any attempt at an oral modification of this agreement shall be treated as void and unenforceable.

_____ _____

Parent/Legal Guardian Signature Date

EMERGENCY CONTACT INFORMATION

1st person to contact in case of an emergency:

Name: _____ Relation: _____

Cell #: _____ Home #: _____

2nd person to contact in case of an emergency:

Name: _____ Relation: _____

Cell #: _____ Home #: _____