

SOCCER AND BIBLE CAMP CONSENT AND RELEASE FORM

I, the undersigned parent or guardian, hereby consent to my child, _____, who is _____ years of age, participating in the activities connected with trips to and from and the time at the Soccer and Bible Camp at Faith Baptist Church of La Crosse, WI from June 12, 2023 to June 15, 2023. I certify that my child is able to participate in all activities scheduled for the Soccer and Bible Camp (unless otherwise indicated). If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, I hereby authorize the adult sponsor, Pastor Matthew Olson, 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 DURING SAID ACTIVITIES OCCURRING DURING THE SOCCER AND BIBLE CAMP, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Faith Baptist Church of La Crosse, WI 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 Wisconsin 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 KNOW 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.

Signature: _____ Date: _____
Parent/Guardian

Printed Name: _____

PARTICIPANT INFORMATION

(To be completed by parent or authorized guardian)

Name of Participant: _____

Address & Telephone: _____

Name of Emergency Contact: _____

Daytime Telephone: _____ Evening Telephone: _____

List any current allergies, illnesses, or medications: _____

List any current physical restrictions: _____

Date of last tetanus or booster shot: _____

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

PHOTOGRAPH CONSENT AND RELEASE FORM

I hereby grant permission to Faith Baptist Church of La Crosse to use my photograph(s), or the photograph(s) of my child, on the church's website or in other official church printed publications without further consideration. I further acknowledge the right of Faith Baptist Church of La Crosse to edit, crop or treat the photograph(s) at its discretion. I understand that should Faith Baptist Church of La Crosse choose to not use my photograph(s) at this time, that it is not waiving its right to use my photograph(s) at some time in the future.

I understand that should my photograph(s), or the photograph(s) of my child, be used Faith Baptist Church of La Crosse's website that is will be available for download. I do hereby agree to indemnify, release and to hold Faith Baptist Church of La Crosse and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages that may arise from the dissemination of my photograph(s), whether via the internet or in print, which I now have or which may arise in the future.

Faith Baptist Church of La Crosse reserves the right to use photographs without notice.

Print Name: _____

Address: _____ Telephone: _____

_____ Email: _____

Signature: _____

For individuals under the age of eighteen (18), the signature of a parent or legal guardian is required.

I, _____, as parent or legal guardian of _____ (Name of Minor), do hereby grant permission to Faith Baptist Church of La Crosse to use the photograph of _____ (Name of Minor) as outlined above.

Name of Minor: _____

- Please identify minor by first name only
- Please do not identify minor by name

Signature of Parent or Legal Guardian: _____

Date: _____