

**FAMILY LIFE CHURCH (aka First Assembly of God of Hermitage)**  
**Release of Liability, to include medical, physical, imaging (photography and video)**

PARTICIPANT NAME: \_\_\_\_\_

ACTIVITY SPONSORED: \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.**

Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

**AUTHORIZATION AND RELEASE OF LIABILITY**

I, \_\_\_\_\_ the participant (18yr+), Or~parent or guardian of the above named child, authorizes the participation of my child in the **FAMILY LIFE CHURCH [aka: FIRST ASSEMBLY OF GOD OF HERMITAGE] (herein being referred to as FLC)** athletic programs and/or church sponsored activity.

I understand that this Program is in participation with a nonprofit Christian ministry program and that mine or my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the Program is conducted by the **FLC** and its volunteers and staff, and/or including parents of other participating children.

I further understand and agree that mine or my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the **FLC** and all of the **FLC** directors, officers, elders, trustees, deacons, employees, volunteers, insurers, agents and representatives, any and all other persons associated with the **FLC** (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by me, my child, property damage, medical expenses, and economic loss arising directly or indirectly out of mine or my child's participation and any first aid, medical care or treatment provided to me or my child in the event I or my child is injured or becomes ill while participating in activities, and excepting claims that may not be released under applicable law.

**IMAGES and/or VIDEO**

This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the participant; myself or child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns I hereby authorize the **FLC** to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, mine or my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the **FLC** for the sole purpose of advancing **FLC** programs .

**PARTICIPATION AND SAFETY**

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that mine or my child is healthy and able to participate in the Program activities. I understand that the **FLC** or its representatives may request health information concerning mine or my child's participation.

**CONSENT TO MEDICAL TREATMENT**

In the event myself or my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above- named child, am not present to make medical decisions, I hereby authorize **FLC**, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment.

My signature also indicates that all legal guardians are aware and consensual with the participation of the above-named child.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_