



# Faith Fellowship Community Church

5937 Watt Avenue

North Highlands, CA 95660

(916) 339-9156 (Voice) - (916) 339-9005 (Fax)

Dr. Melvin G. Barney, Esq., Senior Pastor

## YOUTH WAIVER/RELEASE FORM

I, the minor's parent and/or legal guardian, have read this agreement, fully understand its terms, and understand that I have given up substantial rights by signing it. I have signed it freely and without inducement or assurance of any nature, and my intension is for it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this agreement is held to be invalid, the remaining shall continue in full force and effect.

I further understand the nature of youth ministry activities, I know the extent of the minor's experience and capabilities, and I believe the minor to be qualified, in good health, and in proper physical condition.

I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless, Faith Fellowship Community Church, the Pastor, its agents, the Youth Ministry Staff, the Children's Church, the Rhema Choir and Leaders, and Faith Fellowship Staff and representatives, from all liability claims, demands, losses, or damages on my account. In addition, if I or anyone makes a claim against the Faith Fellowship Community Church, the Pastor, its agents, the Youth Ministry Staff, the Children's Church, the Rhema Choir and Leaders, and Faith Fellowship Staff and representatives, I will indemnify, save, and hold harmless each of the foregoing from any litigation expenses, attorney fees, loss liability, damage or cost any may incur as the result of such claim.

### EVENT/ACTIVITY INFORMATION

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

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

**Tear on line below. Keep top portion for your information. Turn in completed bottom portion.**

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

Date: \_\_\_\_\_

### Minor's Information:

Name (Print): \_\_\_\_\_ Child's Age: \_\_\_\_\_

### Parent/Guardian Information:

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Immediate Contact No.: \_\_\_\_\_

Home  Cell  Other: \_\_\_\_\_

Does your child have any of the following:

- Special diet
- Allergies
- Medication
- Chronic/Recurring illness
- Physical conditions that limit activity

If yes to any of the above, please explain in the space below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature

Date