

**Faith Bible Church**  
5211 W. St. Joe  
Lansing, MI 48917  
www.faithbible4all.org

**Youth & College Age  
Ministry**

Phone: (517)321-4225  
Cell: (517)927-0819  
Email: youthgroup@faithbible4all.org

**Waiver & Release Agreement**

**RELEASE AND WAIVER OF LIABILITY**

In consideration of participation in an event and/or activity promoted by Faith Bible Church, it is fully understood by each of the undersigned that there is some inherent risk associated with any event or property usage. In addition, the undersigned hold harmless Faith Bible Church and its workers from any loss, liability, damage, or cost they incur due to participation by the undersigned and agrees to assume full responsibility and risk for any bodily injury or property damage while the undersigned is participating at any event or property use.

**PERSONAL BELONGINGS RELEASE**

I understand that Faith Bible Church is not responsible for personal belongings.

**AUDIO & VISUAL RELEASE**

I agree that any video images, photographs, audio recordings, or other visual & audio reproduction that involves the undersigned during any Faith Bible Church activity or event may be used, distributed, published, or shown as the Church sees fit

**MEDICAL RELEASE:**

I hereby authorize the treatment for myself or the named minor by a qualified and licensed medical doctor in the event of a medical emergency, which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while participating in a church program including transportation to and from that program. This authority is granted only after a reasonable attempt has been made to contact the emergency contact person below.

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. & Authorization #: \_\_\_\_\_

Specific medical allergies, chronic illnesses, or other conditions \_\_\_\_\_

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

\*\*\*\*\*

Participant Name (please print): \_\_\_\_\_ Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In case of Emergency, Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

**For Minor Participant(s)**

\_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ (please print)

Signed: \_\_\_\_\_ ( Father – Mother – Legal Guardian ) Date: \_\_\_\_\_