



CONSENT AND RELEASE WAIVER

Student Name: _____

Please read the following document thoroughly and sign below. This Consent and Release Waiver may be revoked by the undersigned at any time before the expiration date with written notice to the Organizer.

The undersigned(s) being lawful parent(s) and/or guardian(s) of the above child (the "Child"), hereby consents to the participation by the Child in all activities that are sponsored by and/or conducted by Fellowship Baptist Church, 2827 E 32nd Street, Joplin, MO 64804[417-781-5174] (the "Organizer"), and to the participation of the Child in all events relating to any such activity that occurs between the date of this consent, **September 1, 2009 and August 31, 2010.**

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of the Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures. Notwithstanding other provisions in this Consent and Release Waiver, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

The undersigned assume(s) all risk of injury or harm to the Child associated with participation in any such Activity and agree(s) to release, indemnify, defend and forever discharge the Organizer and its staff, employees and agents (collectively the "Organizer") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the Child or by the Child, howsoever caused, arising or to arise by reason of or during the Child's participation in any such Activity.

The undersigned has read and agrees to the conditions, guidelines and consequences in the Student Discipleship Ministry Handbook (3rd Edition). The undersigned agrees to follow those guidelines and abide by any and all consequences that may apply if any of the guidelines are breached.

The undersigned gives permission for the child to be photographed or videotaped while participating in any Student Discipleship Ministry Event or Program for the purpose of display, website display, event recognition, or promotion.

The undersigned verifies that the "Medical Information and History" on the reverse side are factual and accurate to the best of their knowledge.

Signed on _____
DATE

Signature of Student

Signature of Parent/Guardian

Printed Name of Student

Printed Name of Parent Guardian

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