

Faith Community Church

Waiver & Release Form

January- December 2009

I assume all risks associated with my child's participation in leagues, retreats, camps, team sports, alternative sports, Epic Culture activities, and all activities participated in, while on or off the FCC property including, but not limited to: falls, contact with sports equipment, other participants or other objects; the effects of the weather including high heat and/or humidity, the conditions of the court and/or rink, and transportation to and from events. I know that playing basketball, baseball, soccer, football, hockey, volleyball, tennis, skateboarding, and in-line skating, are potentially hazardous activities. All such risks are known and appreciated by me. Knowing these facts, and in consideration of your acceptance of this release form, I hereby for myself, my heirs, executors, administrators, and anyone who might claim on my behalf, agree not to bring such claims and waive, release, and discharge Faith Community Church of West Covina, its agents, officers, employees, coaches, or assigns from any and all claims or deaths arising out of, or in the course of, my or my child's participation in these activities. If at any point during any event your child exhibits inappropriate or unacceptable behavior, Faith Community Church and Epic Culture reserves the right to notify the parent/guardian to pick up your child from the location of the event or send for your child by other means of transportation at the parent/guardian's expense. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

I HAVE READ THE ABOVE AND CERTIFY MY AGREEMENT BY MY SIGNATURE BELOW.

Name of Participant

Date of Birth of Participant

Parent or Legal Guardian (Please Print)

Signature of Legal Guardian

Date

Home Phone

Work Phone

Pager

School

Grade

Home Address

City

Zip

Emergency Contact Name (Please Print)

Emergency Phone

I hereby agree to follow and uphold all verbal, written, and posted rules, regulations, and conducts of behavior. The following are included as prohibited behaviors applying to participation in any and all activities of Faith Community Church and Epic Culture disrespect towards any person (student and staff), profanity, alcohol possession/use, tobacco possession/use, controlled substance possession/use, vandalism, trespassing, violence, theft, dishonesty, or any other offensive action. By signing below I assume all responsibility for the knowledge of and compliance with all rules and regulations, including, full consequences attached to these behaviors.

Parent/Guardian _____

Participant _____

Please feel free to direct your questions and comments to:
Faith Community Church- 1211 E. Badillo St., West Covina, CA 91790 (626) 858-8400

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AUTHORIZATION AND CONSENT TO TREAT A MINOR PURSUANT TO CALIFORNIA CIVIL
CODE, SECTION 25.8

Name of Minor

Date of Birth

The undersigned do hereby authorize, **Faith Community Church**, its PASTORS OR THEIR REPRESENTATIVES as agents for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the MEDICINE PRACTICE ACT or of any dentist licensed under the DENTAL PRACTICE ACT, at a hospital or elsewhere.

In the absence of parent or guardian, the above-mentioned agent is authorized to make decisions concerning the positive health and welfare of this minor.

This authorization will remain effective while the above minor is in the care of: **Faith Community Church**, its PASTORS OR THEIR REPRESENTATIVES.

First aid and non-prescription medication will be administered at the adult leaders' discretion, with the following exceptions. _____

Medication that the above-mentioned minor is required to take will be turned over to the adult leader in charge of the group. Type of medication and specific instructions:

Allergy, including reactions to medication: _____

Activity/Diet restrictions _____

Additional information that the adult leader should be aware of: _____

Immunization: Date of last Tetanus shot _____

Physician _____ Phone (_____) _____

Insurance _____ Policy # _____

Father or Guardian

Mother or Guardian

Date

Witness

Parent or Guardian's Address

(_____) _____
Home Phone

(_____) _____
Other Phone