

FOTP STUDENT PARTICIPANT AGREEMENT, WAIVER AND RELEASE FORM

THIS FORM MUST BE COMPLETED BEFORE ANY PARTICIPATION WILL BE ALLOWED

FOTP Event: **FOTP Student Ministry Girl's Glamping Event**

Participant's Name: _____ Date of Birth: ____/____/____
Address: _____ City/State/Zip: _____
Gender (circle one) M F Age: _____ Email: _____
Mobile Phone: _____
Emergency Contact Name: _____
Relationship to Participant: _____
Phone Number: _____ Alternate Contact Method: _____

LIABILITY WAIVER

I certify that I am volunteering to participate in the above listed event.

I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in this activity. I will not be under the influence of drugs or alcohol, which would impair my ability. I acknowledge and agreed this activity has inherent risks. I have full knowledge of the nature and extent of all the risks associated with this activity.

In consideration of my participation in this activity, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive and relinquish **FELLOWSHIP OF THE PARKS CHURCH** (or its officers, agents, employees and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which may arise out of my participation.

I HAVE CAREFULLY READ BOTH FRONT AND BACK OF THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND MY CHURCH AND I SIGN IT OF MY OWN FREE WILL.

Participant Signature: _____ Date: ____/____/____

CONSENT OF PARENT/GUARDIAN

(To be completed and signed by parent/guardian for participants under 18 years of age).

I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the Child to participate in the above activity. I further certify that the Child is in good health and has no physical or other impediment which would endanger him or her while participating in this activity. I realize that by participating in this program, the Child will be exposed to a risk of injury or death. I understand the dangers incidental to participating in the program and the need for safety precautions, and I have discussed the dangers of the program and the need for safety precautions with the Child. I hereby execute the above Agreement Waiver, and Release on his/her behalf.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Name: Relationship: _____