



# KIDS

## Photography/Media Release

By registering my child for the Faith Kids programs at Faith Covenant Church, I authorize that my child's image may be photographed, filmed, and be used in video, print, and web presentations. (For situations with foster children or other legal issues, please speak to the Director regarding exclusions.)

## Liability Release

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) I waive, release, and discharge from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Faith Covenant Church activities, the following person, or entities: Faith Covenant Church, it's Lead Pastor(s) and Associate Pastors/Directors, Council Members, employees, volunteers, representatives, subcontractors and agents of any of the above: B) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of Faith Covenant Church, Faith Covenant staff or volunteers and: c) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. **I hereby assume the risks of my child participating in all Faith Covenant Church activities.**

## Medical Release

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to a Faith Covenant Church representative to provide the needed emergency treatment to the student prior to his/her admission to a medical facility.

*Please read and indicate your acceptance of these policies in your child's registration. Please contact Vicki Newendorp at 952.890.3110 if you have any additional questions.*

*Thank you!*