

**MEDICAL/ACTIVITY RELEASE FORM FOR STUDENTS**

**FOR INDIVIDUALS 18 YEARS OF AGE OR OLDER, ALL PARENTS, AND ALL LEGAL GUARDIANS**

I consent to allow any of my children listed below to participate in any activity sponsored by Freedom Life Church ("FLC"). In consideration of the FLC allowing me or any of my children listed below to attend any activity, I execute the following release.

In the event of an emergency where medical treatment is necessary, I authorize the FLC to obtain the services of a licensed physician and/or certified paramedic for me and/or any of my children listed below. I agree that any such expense will be my obligation. Please attempt to notify me immediately concerning any such emergency.

I, (PLEASE PRINT) \_\_\_\_\_ individually, or in my capacity as a parent or legal guardian, expresses a full and complete release of any liability and indemnification, past or future, which may be claimed against the FLC, and its agents, trustees, officers, employees, members, attendees, representatives, any volunteers and specifically including, but not limited to, all claims and demands of whatever nature, actions, damages, costs, loss of services, expenses and compensation on account of or in any way growing out of personal injuries, illnesses, and/or property damage having already resulted or to result at any time in the future, whether or not contemplated at the present time or whether or not they arise following the execution of this release. For the consideration stated above, I further agree that in the event that my child or I should make any claim against the FLC for damages arising out of the above named activity, we will personally indemnify, defend, and hold harmless the FLC, and its agents, trustees, officers, employees, members, attendees, representatives, and any volunteers against any and all loss and damaged occasioned thereby, including attorney's fees.

I understand that the FLC may take photographs and/or other media ("Media") of me and my family in the course of its activities, and I grant the Church permission to publish such Media in a manner the Church deems appropriate.

This Medical/Activity Release Form is in effect for ALL events or activities that I, or any of my children, may participate in. This release form is revocable, prospectively only, by a writing signed by me that bears the date that the revocation is delivered to the FLC.

**I have read and understand this release form and have willingly placed my signature below as evidence of my acceptance of all the conditions contained in this document.**

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (PLEASE PRINT)