



Church of Love Faith Center CONSENT AND RELEASE FORM

I, _____ do hereby certify that I am the parent/guardian of *(Child's Name)*
_____ and that I give consent for him/her to participate in COLFC – Vacation Bible School
(07/08/19 – 07/12/19) under the sponsorship of Church of Love Faith Center, 700 Exchange Street, Rochester, NY 14608.

I certify that my child is able to participate in this event. In case of an emergency, I may be reached at the phone number listed below. In the event I can't be reached, I do hereby authorize the Church of Love Faith Center sponsoring program to make emergency medical decisions for my child. I have listed below any medical conditions or restrictions relevant to my child. If there is an activity I do not wish my child to be involved in, I have listed that below also.

- Medical Condition(s) To Be Aware Of: _____

- Physical Restrictions: _____

- Allergies: _____

- Events I Do Not Want My Child To Participate In: _____

I UNDERSTAND AND DO HEREBY AGREE, TO ASSUME ALL OF THE RISKS INVOLVED WITH THE SAID EVENT, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Church of Love Faith Center and its agents and its employees harmless from any and all liabilities, actions and causes of actions, claims, damages and expenses incurred from injury to my child or property, even injury resulting in death either now or in the future as associated with said activity and participation. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and the terms of this release are contractual and not mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

EMERGENCY CONTACTS (Parent/Legal Guardian and Other Responsible Adult)

NAME:	_____	NAME:	_____
Phone#:	_____	Phone#:	_____
Relationship To Child	_____	Relationship To Child	_____

Signature of Parent/Guardian

Date