



Guest Card- Minor

This card MUST be signed by the parent or legal guardian.

NAME _____ DATE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE: _____ E-MAIL _____
 DATE OF BIRTH _____ I am here as a guest of _____
 Are you a member of a church Yes No If yes, what church _____

Please check those that apply:

- Elementary Student
- Middle School Student
- High School Student

*****Please turn the card over and sign the waiver and medical release agreement on the back.
 Thank you!***

FOR OFFICE USE ONLY

Entered into CSI on _____
 Comments:

Waiver and Medical Release Agreement

I, _____ agree that _____
 (PARENT'S OR LEGAL GUARDIAN'S NAME) (PARTICIPANT'S NAME)

may participate in the Family Life Center.

RELEASE: In consideration of participation in the Church's Activity, I agree, on behalf of the above named Child, his/her heirs and representative, to fully and forever release, Champions Forest Baptist Church, its officers, volunteers, agents and employees (hereinafter collectively referred to as "Church") from any and all liability, claims, demands, damages, actions, of causes of action, whatsoever arising out of a or related to belonging to my child or me, related to the Activity, regardless of cause. This release covers everything that happens from the time I leave my child at the Church until I pick them up at the Church.

CONSENT: To the best of my knowledge, the above named child can fully participate in this Activity. I am aware of risks and hazards connected with the Activity and my child hereby elects to voluntarily participate in said Activity, knowing that the Activity may be hazardous to my child. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by my child or any loss or damage to property owned by me or my child, as a result of being engaged in such an Activity, regardless of who caused the incident.

HOLD HARMLESS: It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs assigns and personal representatives, if I am not alive, shall be deemed as a release, waiver, discharge and covenant not to sue the Church. I hereby further agree that this waiver of liability and hold harmless agreement shall be construed in accordance with the laws of the state of Texas.

MEDICAL COSTS: I understand that the Church will not be responsible for any medical costs associated with any injury my child may sustain.

RULES AND REGULATIONS: My child and I further agree to become familiar with the rules and regulations of the Church concerning participant conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said Activity.

INSURANCE: The Church urges you to obtain adequate health and accident insurance to cover any personal injury to my child that may be sustained during the Activity.

MEDICAL TREATMENT CONSENT: I HEREBY FURTHER AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAMED CHILD WHILE IN ATTENDANCE AT THIS ACTIVITY. I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL TO ORDER INJECTION AND/OR ANESTHESIA AND/OR SURGERY FOR MY CHILD AS NAMED ABOVE. I FUTHER AGREE TO ASSUME RESPONSIBILITY FOR THE COSTS OF ANY SPECIALIZED EVACUATION AND OF ANY MEDICAL CARE ANDACKNOWLEDGE THAT THESE COSTS ARE THE FINANCIAL RESPONSIBILITY OF THE UNDERSIGNED. I ALSO ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE CHURCH'S PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED CHILD.

INFORMED AGREEMENT:

I have reviewed this Agreement and am aware of the risks involved in participating in the Activity and the possible injuries that may occur. My child freely and voluntarily agrees to participate in the Activity. In signing this release, I represent that I understand this Agreement and sign voluntarily as an act of my own free will. The Church has not made any oral representations, statements or inducements, apart from this Agreement. I am at least eighteen (18) years of age and fully competent to execute this Agreement. Also, I understand that all rules and regulations for the Activity will be enforced and any violation by my child may result in a collect call to me with a possible request to come and pick-up my child.

Date Signed _____ Signature of Parent or Legal Guardian _____

Emergency phone numbers: Father (work) Mother (work)