Guest Card– Adult

Please fill this card out completely:

NAME _____ DATE _____
ADDRESS _____CITY_____STATE____ZIP_____
PHONE: _____ Date of Birth _____
E-MAIL_____

Name of FLC Member?_____

Waiver and Medical Release Agreement

I, _____agree to participate in the Family Life Center
(YOUR NAME)

RELEASE: In consideration of participation in the Church Activity, I agree on behalf of my heirs and representatives, to fully and forever release, Champions Forest Baptist Church, their 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 me, related to the Activity, regardless of cause. This release covers everything that happens from the time I arrive at the Church until I leave the Church.

CONSENT: To the best of my knowledge, I can fully participate in this Activity. I am aware of risks and hazards connected with the Activity and elect to voluntarily participate in said Activity, knowing that the Activity may be hazardous to me. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by me or any loss or damage to property owned by me, 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 me.

RULES AND REGULATIONS: 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 that I may have during the Activity.

MEDICAL TREATMENT CONSENT: I HEREBY FURTHER AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED TO BE GIVEN ME WHILE IN ATTENDANCE AT THIS ACTIVITY. I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL TO ORDER INJECTION AND/OR ANESTHESIA AND/OR SURGERY TO ME. 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 ME.

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. I freely and voluntarily agree 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 me may result in my expulsion from the Activity.

_____ _____
Date Signed Signature

FLC STAFF COMPLETE & SIGN _____

FLC Guest
Fee: $10 _____ Cash or Check

Copy valid Driver's License _____