



Ministry Activity Consent and Release Form

I, the undersigned parent or guardian, hereby consent to my child, (_____), participating in the Back To School Bible Club activities, including classroom, assemblies, craft, recreation, water activities, and snack that will be hosted by the Faith Baptist Church in Iwakuni, Japan.

If my child has medical conditions that may be relevant to a physician in the event of an emergency, I have made Faith Baptist Church aware at the time of registration. In the event an emergency occurs, I may be reached at the telephone number listed below. If I can't be reached, I hereby authorized the church administrator or church official to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I understand it is my responsibility to communicate that through the registration form.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Faith Baptist Church (Iwakuni, Japan) and it's agents, staffs and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

PHOTOGRAPHY: I understand that pictures and videos will be taken of children participating in various Back To School Bible Club activities. I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by law, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.

This is legally binding agreement that I have read and understand.

Parent or guardian signature: _____ Date: _____

Medical condition to be aware of: _____

Telephone numbers where I may be reached in an emergency:

_____, _____, _____

I do not wish my child to participate in the following: _____