

BAPTISM

CLUB ZION COMMUNITY CHURCH

CONSENT AND RELEASE FORM

I the undersigned parent or guardian, hereby consent to my child, (_____), participating in **(BAPTISM)**, an event sponsored by Club Zion Community Church on (_____). I certify that my child is able to take participate in this activity. If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below. In the event of an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize (_____) to make an emergency medical decision for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Club Zion Community Church and its agents 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, even injury resulting in death, which I now have or may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the State of Florida 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 a legally binding agreement, which I have read and understand.

Signature of father or guardian

Date signed

Emergency Phone #

Signature of mother or guardian

Date signed

Emergency Phone #

MEDICAL CONDITIONS TO BE AWARE OF:
