

FearLESS Skate Day Camp Registration & Medical Release Form
Saturday, May 5, 2018
DeFuniak Springs Community Center

Child's Name _____ has my permission to attend the
FearLESS Skate Day Camp on Saturday, May 5th, 2018.

Medical Precautions or Restrictions (Allergies, etc.)

Parent or Guardian Name _____
Address _____ City _____ Zip _____
Phone _____ Email _____
Emergency Contact Person _____ Phone _____

Participation Agreement & Release

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risk of physical injury associated with participation in the activity described herein. Except for gross negligence on the part of Grace Church/Trinity Bible Fellowship Church (sponsor), the participant (or parent or guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity including travel to and from the event location. It is understood that the sponsor is authorized to approve any medical treatment if necessary. If a dispute over this agreement or any claim for damages arises, the participant (parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Photo Release

I hereby agree that Grace Church/Trinity Bible Fellowship Church may use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of myself or my student by Grace Church/Trinity Bible Fellowship Church.

Behavior Expectation

I understand that in the event my child is involved with alcohol, illegal drugs, or in any behavior deemed inappropriate by the church staff, I will be notified, and I will be required to pick up my child or he/she will be sent home at my expense.

Parent/Guardian Signature _____ **Date** _____