

*First Assembly of God*  
*Family Worship Center*  
**CONSENT AND RELEASE FORM**

I, the undersigned parent or guardian, hereby consents to my child, \_\_\_\_\_, participating in \_\_\_\_\_, an event sponsored by First Assembly of God of Bossier, on \_\_\_\_\_.

I certify that my child is able to participate in these activities, including:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

If my child has medical conditions that may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone numbers listed below. If I cannot be reached I hereby authorize \_\_\_\_\_ (an adult sponsor) to make emergency medical decisions for my child.

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 First Assembly of God of Bossier and its agent 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 which 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 broad and inclusive as permitted by the law of the State of Louisiana 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 that I have read and understand.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

MEDICAL CONDITIONS TO BE AWARE OF: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBERS WHERE I MAY BE REACHED IN CASE OF AN EMERGENCY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_