



Minor Participation Authorization and Consent to Emergency Medical Treatment Form

Minor child's name:

Date of birth:

Activity:

I hereby give my consent to have my minor child participate in the named activity of Faith Assembly.

I recognize that there are risks involved in participating in this activity, including but not limited to permanent injury, paralysis, or death. In consideration for participating in this activity, I hereby assume all risks to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release Faith Assembly, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Faith Assembly, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. I understand that I am responsible for any medical expenses, property loss, or other personal expenditures that result from this activity.

I, the undersigned, certify that I am the minor child's parent or legal guardian.

Date:

Parent/Guardian Name (print):

Parent/Guardian
Signature:

Phone #:

Alternate phone #:

Health/Accident Insurance company:

Policy number:

Please complete all fields, then print and sign. Submit signed form in person, or email to Info@FaithNFM.com.