



Escape “Survivor” Waiver 2011

Name: _____ Birthday: _____ Sex: _____

Address: _____ City/State: _____ Zip: _____

Phone: (____) _____ Parents' Name(s): _____

Parent’s Work Phone: (____) _____ Emergency Phone: (____) _____

E-mail: _____ Graduation Date: _____

Medical Information

Restricted Activities: _____

Family Physician: _____ Physician’s Phone: (____) _____

Family Medical Insurance Carrier: _____ Policy Number: _____

Allergies: _____

Prescribed Medication: _____

In consideration for being accepted by _____ (parent or guardian) for participation in any or all Faith Family Church and Outreach Center activities. We (I) being 18 years of age or older, do for ourselves (myself)(and for all on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Faith Family Church and Outreach Center and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the behalf of our child-participant that occur while said child is participating in any trip or activity. Furthermore we (I) (and on behalf of our (my) child-participant if under the age of 21) grant permission for their participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to release and hold harmless and indemnify said church, its directors, employees, volunteers, and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of participant and hereby grant our (my) permission for him (her) to participate fully in said trip or activity and hereby give our (my) permission to take said and assume the responsibility for all medical bills. Further, should it be necessary for any participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs. If a dispute over this agreement or any claim arises, the participant (or parent/guardian) agrees to resolve arbitration with the loser paying all attorney fees and costs.

Signature of Parent/Guardian/Adult: _____ Date: _____