

## **INFORMED CONSENT AND RELEASE FOR MINOR**

## **Upcoming Student Ministry Events:**

(Parents, please check the circle beside the events for which you are giving permission for your child to participate in.)

mmer Camp 2021
ımmer Activities (off campus) 2021
ristmas Barn Party 2021
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## READ THIS FORM COMPLETELY AND CAREFULLY.

In exchange for my child/ward being allowed to participate in the above-referenced activities offered by FishHawk Fellowship Church (the "Church"), I, on behalf of my minor child, myself, my heirs, executors and administrators, hereby waive and release any and all rights and claims for damages I and/or my minor child may have against the Church or against its agents, employees, volunteers and contractors from any and all claims, damages or actions of any nature whatsoever, as a result of my child's participation in the activities, sports, or trips for which this Informed Consent and Release is signed (even if the negligence is that of the Church or its agents, employees, volunteers, or contractors). I, on my own behalf and that of my child, hereby release the above parties from any and all demands, claims or actions, based on personal injury—regardless of the severity—including ones arising from the negligence of the Church or any of its employees, representatives or agents.

I understand and agree that, it is possible that one or more pictures and/or video & audio recording of my child may be taken and/or made. I expressly grant the Church exclusive license to utilize such image or recording in its promotional and educational materials. Further, I waive and release any and all rights and/or claims for damages I may have against the Church (or against its agents, employees, volunteers and contractors) from any and all claims, damages or actions of any nature whatsoever as a result of such use or display (including, but not limited to, claims pursuant to Chapter 540, *Florida Statutes*).

I, on behalf of myself and my child, recognize and agree that the activities, events and/or sports for which this Informed Consent and Release is signed is/are physically, emotionally and spiritually beneficial and that the activity involves inherent and unavoidable risks. Further, I understand that there are certain dangers and risks that cannot be eliminated, no matter how diligent or proactive the Church or any of its employees or agents may be. This specifically includes, but is not limited to, infection with COVID-19 and/or any ancillary impacts of contracting the virus.

The undersigned recognizes that the Church is taking all reasonable steps to prevent the spread of the COVID-19 virus (or any other communicable diseases). However, the undersigned also acknowledges and accepts that, regardless of any steps taken by the Church to curb the spread of COVID-19, any gathering in public and/or use of public space carries with it the potential for infection.

I also recognize that the activity, sport or trip may not be provided absent an Informed Consent and Release signed by all participants.

THE UNDERSIGNED ACKNOWLEDGES THAT THIS AGREEMENT CONTAINS A WAIVER OF ANY RIGHT TO A JURY OR BENCH TRIAL. BY SIGNING THIS FORM, I AM WAIVING (GIVING UP) ANY RIGHT I (OR YOUR CHILD) MAY HAVE TO BRING SUIT AGAINST THE CHURCH OR ANY OF ITS EMPLOYEES OR VOLUNTEERS ARISING OUT OF ANY PERSONAL INJURY, DEATH OR OTHER LOSS THAT RESULTS FROM THE CHILD'S PARTICIPATION IN ACTIVITIES WITH THE CHURCH.

Should there arise any dispute relating to this Release – or the event to which it relates – such dispute shall be submitted to mediation and, if necessary, binding arbitration (such arbitration being conducted in accordance with the rules for arbitration used by Peacemakers Ministries).

PARENT'S / GUARDIAN'S SIGNATURES ARE REQUIRED PRIOR TO

SUBMITTING THIS FORM TO FISHHAWK FELLOWSHIP CHURCH			
Print Minor's Name	Age / Grade		
Signature of Parent or Guardian (Father)		Signature of Parent or Guardian (Mother)	-
Printed Name of Parent or Guardian (Father	r)	Printed Name Parent or Guardian (Mother)	_
	FOR OF	FICIAL USE ONLY	

Class/Age:

Date:

Received by: