

# FBCI MINOR LIABILITY WAIVER/LETTER OF CONSENT

I \_\_\_\_\_ and I \_\_\_\_\_ do hereby give my/our full consent for \_\_\_\_\_ (“Participant”), to travel to and from, and to be involved in the (complete name of activity) \_\_\_\_\_ (the ”Activity”). I/we

certify that I/we have the full, unrestricted and sole right, power and authority to act by, for and on behalf of Participant.

In consideration for Participant being permitted to participate in the Activity, I/we, for myself/ourselves, and by, for and on behalf of Participant, hereby release and indemnify Faith Bible Chapel (FBCI), its leaders, volunteer assistants, officers, directors, managers, employees, members, representatives, affiliates, owner, agents, successors and assigns (collectively, “Released Parties”) from all claims, damages, charges and liability whatsoever arising out or resulting from injury, death, damage or loss which may be sustained by the Participant during his/her involvement in and/or during the course of the Activity. I/we understand that there could be risks involved in Participant’s participation in the Activity that could result in injury, and in rare cases, even death, and I/we assume all such risks as my/our responsibility.

I/we certify that we have sufficient health, accident and liability insurance to cover any bodily injury or property damage that may incur while Participant participates in the Activity, and to cover bodily injury or property damage of a third party caused by him/her. If I/we have no insurance, I/we certify that I/we will personally pay and be responsible for any and all such expenses and liability.

I hereby certify that I have the following insurance, which will protect Participant and third parties during travel to and from, and participation in the Activity:

Name of insurance provider: \_\_\_\_\_ Policy # \_\_\_\_\_  
**(Please provide a copy of your current insurance card)**

In an emergency, I/we give permission for Released Parties to seek medical and/or dental treatment for Participant after first calling us to inform us. I/we hereby agree and consent to the performance of such treatments, the conduct of such procedures, and the administration of such medications as the attending doctor, physician or other medical practitioner shall deem necessary or appropriate including, without limitation, anesthesia and surgery. I/we accept full financial responsibility for all costs, fees and expenses related to all such treatments and medical care. I/we certify that Participant has no physical or mental conditions and is not under the influence of any drug(s) or involved in any treatment, which would impair his/her ability to engage in the Activity.

I/we understand that if, in Released Parties’ sole discretion, the behavior of Participant should warrant, Released Parties have the authority to send him/her home on public transportation of its choosing at my/our expense after first calling us to informs us of the mode of transportation and transit information. My/our number(s) for this purpose are as follows:

Contact Telephone Numbers: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian

Date \_\_\_\_\_

Date \_\_\_\_\_