

Liability and Medical Release Form

I, _____, allow my child, _____ to participate in a
FAITH Student Ministry trip to Six Flags (Landover, MD), on Friday, August 5, 2022.

I VOLUNTARILY AND KNOWINGLY ACCEPT AND ASSUME, THE RISKS involved in the program for myself and my child named above, and in consideration for FAITH Glen Burnie allowing us to participate in the program, on behalf of myself, my heirs, executors, administrators, and assigns. I hereby FULLY RELEASE AND FOREVER DISCHARGE the parties named above, and only those parties, along with their officers, agents, employees, successors, assigns, and volunteers, from any and all losses, expenses, inquiries, demands, actions, causes of action, damages, rights and claims, of whatsoever kind or nature, whether in law or in equity, arising out of or in connection with our participation in the program, and further WAIVE ANY RIGHTS we may have in that regard against those Released Parties.

I understand and acknowledge the significance and consequence of my specific intention to release any and all such claims and I hereby ASSUME FULL RESPONSIBILITY for any and all matters listed above. THIS RELEASE IS KNOWINGLY AND VOLUNTARILY SIGNED WITH THE INTENT TO BE LEGALLY BOUND, AND IS SIGNED AFTER CAREFULLY READING AND FULLY UNDERSTANDING THE TERMS AND CONSEQUENCES OF THIS RELEASE.

Technology Consent

I give permission for my child's likeness to be taken by picture or video for use in promotional materials for events, on the FAITH website and via all FAITH Glen Burnie social media outlets. As you are aware, there are potential dangers associated with the posting of information on a website since global access to the internet does not allow us to control who may access such information. These dangers have always existed. However, we as a youth ministry want to celebrate our activities and spread interest to others. The law requires that we ask your permission to use the likeness of your child. Pursuant to law, we will not use your child's likeness without prior consent from you as parent or guardian.

Parent or Guardian Signature

Parent or Guardian Printed Name

Emergency Medical Information

Emergency Contact's Name: _____

Emergency Contact Number _____

Relationship to participant _____

Health Insurance Provider _____

Policy Holder's Name _____

Policy Number _____

Group Number _____

Insurance Provider's phone number _____

Medications: _____

Allergies _____

Any other pertinent medical information

