

**FELLOWSHIP BAPTIST CHURCH
YOUTH ACTIVITY CONSENT AND RELEASE FORM**

I, the undersigned custodial parent or legal guardian, consent to my child, _____, participating in the Old-Fashioned Homemade Ice Cream Social activity in the Fellowship Hall of Fellowship Baptist Church, an event sponsored by the Fellowship Baptist Church youth on Friday, August 13, 2010. Activities will include making homemade ice cream and playing games. I certify that my child is able to participate in this activity, including transportation to and from Fellowship Baptist Church. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize Paul or Karen Wilt, Mary Lou Harris or Jeremy or Kathy Taylor to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I agree to hold Fellowship Baptist Church and its employees and agents harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Michigan and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Custodial Parent or Legal Guardian _____ Date _____

Medical conditions to be aware of: _____

Telephone number where I may be reached in an emergency: _____

I do not wish my child to participate in the following: _____
