

Legal Authorization Form

Participant's Name: _____

Address: _____ City: _____ Zip _____

Home Phone: _____ Emergency Phone: _____

Contact: _____

Relationship to Participant: _____

The statements below MUST be signed in order for your child to participate:

To my knowledge the information given about my child's health history is correct, and the person herein described has permission to engage in all activities during Fellowship of Faith's Winter Bible Boot Camp Monday January 15, 2024 except as noted below.

X _____ Date _____

Parent/Guardian

Emergency Authorization: I hereby give permission to the adult leader for this Fellowship of Faith's Winter Bible Boot Camp Monday January 15, 2024 to order X-rays, routine tests, and treatment from my child in the event I cannot be reached in an emergency. I hereby give permission to the medical personnel selected by the adult leaders to hospitalize, order necessary related transportation, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above.

X _____ Date _____

Parent/Guardian

Photography Release: I release the rights to all photos taken of _____ to Fellowship of Faith. Pictures will be used **only** for publicity of Fellowship of Faith and promotion for future activities. All pictures can be used in our monthly newsletter, online flash non-downloadable slide shows, display on the Fellowship of Faith website, and any other printed materials.

X _____ Date _____

Parent/Guardian

List any specific activities that should be limited or excluded from your child's experience:

Anything else we should know?