

Waiver Form and Activity Permit

Faith Bible Church

Event _____

5211 W.St. Joseph Hwy.

Lansing, Michigan 48917

(517)321-4225

To whom it may concern:

As a parent and/or guardian, I do herewith authorize, under the direction of any licensed physician, treatment of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases the church and its workers from any liability.

Name of minor _____

Relationship _____

This waiver form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

AUDIO & VISUAL RELEASE I agree that any video images, photographs, audio recordings, or other visual & audio reproduction that involves the undersigned during any Faith Bible Church activity or event may be used, distributed, published, or shown as the Church sees fit.

Signed _____ Date _____

(Father – Mother – Legal Guardian)

Contact Number _____