

**FAIRFAX BAPTIST TEMPLE and ACADEMY**  
**Fall '10 Consent and Release Form**

I, the undersigned parent or guardian, hereby consent to my child, \_\_\_\_\_, age \_\_\_\_\_, participating in the below listed activity, sponsored by the Fairfax Baptist Temple.

**Destination:** Away Games for Volleyball and Guys' Soccer  
**Dates:** 9/3, 9/7, 9/20, 9/24, 10/4, 10/11, 10/14, 10/16, 10/18, 10/19, 10/22, 10/23

I certify that my child is able to participate in the above activity. I have listed below all medical conditions, allergies and medications (prescription and over-the counter) being taken by my child. In the event an emergency occurs, I may be reached at the telephone numbers listed below. If I cannot be reached within the period of time required for medical treatment, as determined by the treating physician, I hereby authorize any Church employee who is providing supervision of the activity 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 (1) that my child will be transported to the identified activity in a Church supplied motor vehicle, vehicles rented from commercial agencies and via commercial airline; (2) the nature of the activity for which I have granted consent for my child's participation; (3) that there is a possibility of accident and injury arising out of my child's transport to and participation in the identified activity; and (4) that the Church would not allow my child to participate in the activity without my express permission. Therefore, in consideration of my child being allowed to participate in the identified activity, I HEREBY AGREE TO ASSUME SUCH RISKS AS MAY BE ENCOUNTERED BY MY CHILD ENGAGING IN SAID ACTIVITY, INCLUDING TRANSPORT AND ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do, for myself and my child, hereby agree, to the fullest extent allowed by law and public policy, to hold Fairfax Baptist Temple and its employees harmless from any liability, actions, causes of actions, claims, expenses, and damages on account of accident or 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 other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the public policy and law of the Commonwealth of Virginia and that if any portion hereof 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 agree to pay the expense of returning my child home before termination of the event if he or she does not adhere to established standards of conduct.

The Church is not responsible for damage or loss of property personally owned by my child.

My child's medical conditions, allergies, and medications \_\_\_\_\_

Telephone numbers where I may be reached in an emergency: home-\_\_\_\_\_ work-\_\_\_\_\_

Family physician: (Name) \_\_\_\_\_ Phone: \_\_\_\_\_

I do not wish my child to participate in the following activity/activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that the Fairfax Baptist Temple Academy is a ministry of the Fairfax Baptist Temple, a church organized in accordance with the laws of the Commonwealth of Virginia. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF, AND I SIGN THE RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

revised 5-4-2001