



## WAIVER AND MEDICAL FORM

*All youth under age 18 must have a parent/guardian signature:*

### ACTIVITY INFORMATION

EVENT YOUTH LOCK IN EVENT DATE 11/13/2020 EVENT LOCATION FREE LIFE CHURCH  
EVENT COORDINATORS LUKE AND NATASHA LOPARO  
SPONSORING ORGANIZATION FREE LIFE CHURCH PHONE 703-443-1044  
ADDRESS 741 MILLER DRIVE SE, SUITE G2, LEESBURG, VA 20175

### PARTICIPANT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_  
Student Phone \_\_\_\_\_ Church \_\_\_\_\_  
Address (P.O. Box, Street, City, State, ZIP) \_\_\_\_\_  
\_\_\_\_\_

### PARENT INFORMATION

Parent/Guardian Name(s) \_\_\_\_\_  
Primary phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_

### MEDICAL INFORMATION

Health Insurance Provider \_\_\_\_\_ Policy# \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

### **PLEASE LIST ANY MEDICAL CONDITIONS OR ALLERGIES – INCLUDE SEVERITY OF ALLERGY**

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

**PARENT/GUARDIAN AUTHORIZATION—SIGNATURE REQUIRED.** The information on this form is correct to the best of my knowledge, and the youth named herein has my permission to engage in all Free Life Church (FLC) Youth activities. In the event FLC Youth leaders are unable to reach me in an emergency, I hereby give permission to the physician selected by the chaperones to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named above. I also agree to pay and all costs that may result from such treatment.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_



## PARTICIPANT AGREEMENT

I desire to participate in the above activities sponsored or organized by Free Life Church (FLC). I understand that in order for Free Life Church to accept my application, and my being permitted to participate in the above activities, I must agree to be bound by this Release, Waiver and Assumption of Risk.

*I waive any and all claims I may now and in the future have against, and release from all liability and agree not to sue Free Life Church, FLC Youth Leaders and attending participants and chaperones (collectively "the Released Parties") for any personal injury, death and property damages, expenses or loss sustained by me as a result of my participation in the above activities due to any cause whatsoever.*

The undersigned further agrees to abide by all rules and codes of conduct during the above activities.

I confirm that I am the full age of majority or, in the alternative, I have indicated that I am the guardian of the minor participant named, and that I have read and understand this agreement prior to signing it and agree that this agreement will be binding upon me (as participants or guardians).

I further release Free Life Church to use any photograph or video of the Participant for promotional or educational purposes.

**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature if under 18:** \_\_\_\_\_