



Child Consent and Release Form For Church/School Activities

First Baptist Church of Winter Garden, Inc. and Foundation Academy of Winter Garden, Inc.



SLI Retreat

Location: 1200 Plant Street

Students Attending: SLI Members

Date/Time: Tuesday, August 23, 2022 8:15-3:00

I, the undersigned parent or guardian, hereby grant consent for my child,

_____, to participate in attending the SLI Retreat. If my child has medical conditions that 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 his/her teacher or group leader 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 that students may be transported either in school/church vans/buses or by a commercial transportation line.

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 do hereby agree to hold First Baptist Church of Winter Garden, Inc. and Foundation Academy of Winter Garden, Inc. and its agents and employees, 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 Florida 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 further state 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. This release form is executed specifically to indemnify a 501-C-3 organization.

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

Medical Conditions to be aware of: _____

Parent or Guardian Signature _____