

FOCUS 2024 Waiver and Release Form



A signed physical waiver and release form is required for all participants.

Return to your church leader or Claire Chapman's box in the main office for First Free participants.

FOCUS is a weekend retreat February 23-25, 2024 administrated by First Evangelical Free Church (First Free) for the purpose of glorifying God through teaching, singing, prayer, and activities including but not limited to large group games and an indoor rock wall, etc.

Participant information

Name: _____ Gender: M F DOB: _____ Age: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Photo Release

Initial

I give permission for the participant's image to be used on any media (digital, or film photography, video photography, audio recording or other documentation) with respect to any First Free ministry event. These media sources may include the church website, Facebook, printed publications, electronic publications and display in church buildings.

Liability Release

Initial

I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue First Free, its employees, agents, volunteers, and affiliates from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of the participant's engagement in event activities. I agree to indemnify and hold harmless First Free for any such claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Disciplinary Agreement

Initial

I understand that while engaging in First Free activities, the participant is responsible to abide by the rules set forth by the leaders and supervisory personnel. Any serious infraction of these rules and/or disregard of leadership by the participant can result in dismissal from the program or event. If the participant is dismissed from the program or event, I agree to assume the cost and responsibility of returning home, and of any damages which may have been caused by the participant.

Medical Agreement

Initial

I give my authority and consent to any First Free sponsors/leadership to seek a doctor or qualified person to provide emergency medical treatment to the above named participant in the event of illness or injury while participating or traveling to or from any church sponsored event/activity. I, the participant or, undersigned parent/guardian of the above mentioned participant, do release, acquit, discharge and covenant to hold harmless its sponsors and representatives from any and all actions, causes of actions, damages, and/or liabilities arising from the medical treatment of any sickness or injuries from an accident incurred by the participant or me during this activity.

Signature: _____ Date: _____

Your Name: _____ Relationship to Attendee: _____

If the participant is under the age of 18, this form must be signed by a parent or guardian.

IMPORTANT! Before turning in this form, please be sure to initial each section that applies and sign the gray box.

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