

Fountain of Life Fellowship
Release and waiver of Liability

The undersigned (Print Name) _____ being
the parent or guardian ad litem of (Print Child's Name) _____.

In consideration of my child being permitted to enter Fountain of Life Fellowship campus or otherwise, AGREES to WAIVE, RELEASE, AND DISCHARGE AND COVENANTS NOT TO SUE the FOUNTAIN OF LIFE FELLOWSHIP CRC, its employees, officers, directors, servants, and agents (hereinafter collectively referred to as "Fountain of Life Fellowship") from all liability to the child, the undersigned, any personal representatives of either, assigns, heirs, and next of kin, for any and all claims for damages for death, personal injury, or property damage, suffered by me or my child while participating in any Fountain of Life Fellowship event activity.

I UNDERSTAND THAT THIS RELEASE AND WAIVER OR LIABILITY applies to any claims occurring from injury to person or property, whether caused by the negligence of **Fountain of Life Fellowship** or otherwise. I acknowledge that the intent of this RELEASE AND WAIVER OF LIABILITY is to prevent FOUNTAIN OF LIFE FELLOWSHIP CRC from being held liable for injuries to person or property, and that my signature on this document constitutes my agreement and the agreement of my child for whom I am signing this release, not to hold FOUNTAIN OF LIFE FELLOWSHIP Responsible for any damages, losses or injuries, to person or property, as a result of any negligence or other wrongful conduct on the part of FOUNTAIN OF LIFE FELLOWSHIP CRC, or on the part of other third parties.

THE UNDERSIGNED ALSO AGREES TO INDEMNIFY AND HOLD HARMLESS FOUNTAIN OF LIFE FELLOWSHIP CRC from any loss, liability, damage or cost that FOUNTAIN OF LIFE FELLOWSHIP CRC may incur due to the presence of the undersigned or undersigned's child, upon the FOUNTAIN OF LIFE FELLOWSHIP premises or in any way using any FOUNTAIN OF LIFE FELLOWSHIP facilities or attending any events of FOUNTAIN OF LIFE FELLOWSHIP, whether caused by the negligence of FOUNTAIN OF LIFE FELLOWSHIP or otherwise.

THE UNDERSIGNED FURTHER EXPRESSLY AGREES THAT THIS RELEASE AND WAIVER OF LIABILITY agreement is intended to be as broad and inclusive as is permitted by the laws of State of California, and that if any portion is held to be invalid, it is agreed that the balance shall, not withstand, continue in full legal force and effect.

THE UNDERSIGNED FURTHER AGREES THAT THE WITHIN RELEASE AND WAIVER OF LIABILITY, shall be valid for a period not to exceed twelve months from the date signed by the undersigned to coincide with the school year.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THE RELEASE AND WAIVER OF LIABILITY AGREEMENT, AND FURTHER ACKNOWLEDGES THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

DATE: _____ **I HAVE READ THIS RELEASE, UNDERSTAND IT AND AGREE TO ITS TERMS.**

Signature of Parent or Guardian, _____.

Address _____ **Phone #** _____

City and Zip Code _____.

Medical Release

I, the undersigned parent or legal guardian of _____
A minor, hereby authorize and give permission to the physician or medical practitioner, selected by Fountain Of Life Fellowship CRC to hospitalize, secure proper treatment including but not limited to the physician or medical practitioner selected by Fountain of Life Fellowship CRC to hospitalize, secure proper treatment including but not limited to the prescription of medications, diagnostic studies, and any other medical procedure for my child as deemed necessary by the physician under the circumstances. It is understood that this authorization is given in advance of any specific medical treatment being needed, and is given to provide authority to the physician to render that care in exercise of his judgment is advisable.

Date: _____ I have read this release, understand it, and agree to its terms.

Signature of parent or guardian; _____.

Personal medical information of child;

Birth date: _____ Last tetanus Toxic Booster: _____

ALLERGIES TO DRUGS OR FOOD: _____

SPECIAL MEDICATIONS OR PERTINENT INFORMATION: _____

FAMILY PHYSICIAN: _____ **PHONE #** _____

ADDRESS: _____

INSURANCE COMPANY: _____ **POLICY #:** _____