

CHRISTIAN FAITH
FELLOWSHIP CHURCH
3188 ROUTE 94 FRANKLIN NJ, 07416
(973) 209-7786 WWW.CFFCHURCH.ORG

PARENTAL CERTIFICATION, CONSENT AND RELEASE

(Minor Participation)

I, _____ am the parent or legal guardian of
_____, who was born on _____.

(PRINT MINOR NAME)

As a parent or legal guardian of (**print minor's name**) _____, I certify and affirm that I have been completely and thoroughly informed that as youth attending (**Event Name**) _____, my child will participate in certain activities which carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

1. Physical activities, both indoors and outdoors
2. Sports, both informal and organized
3. Use of recreational equipment
4. Swimming or activities involving water
5. Travel by Automobile/Bus

I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with activities.

I acknowledge and agree that Christian Faith Fellowship Church shall not be held liable in any way for any occurrence resulting directly or indirectly from these activities that results in injury, death or any other damages to my child, me or my family, heirs or assigns. In consideration of my child being allowed to participate in these activities, on behalf of my child, I hereby personally assume all risk in connection with said activities, for any harm injury, or damage that may befall my child, me or my family, heirs, assigns while engaged in these activities.

I understand that the terms herein are contractual and not mere recital; I have signed this document as my own free act. It is my intention by signing this document to exempt and release Christian Faith Fellowship Church from all liability whatsoever for personal injury, property damage or wrongful death caused by negligence.

I further acknowledge and agree that my signature on this PARENTAL CERTIFICATION, CONSENT AND RELEASE shall constitute a bar to any recovery by my child, me or my family, heirs or assigns in all suits and actions that may be instituted against Christian Faith Fellowship Church, its agents, servants or employees for injuries or death to my child, whether or not same resulted for the negligence of Christian Faith Fellowship Church, its agents, servants or employees, or due to the contributory negligence of my child.

I understand that it is my obligation to inform the management of Christian Faith Fellowship Church of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities involving Christian Faith Fellowship and its programs.

I have fully informed myself of the contents of this PARENTAL CERTIFICATION, CONSENT AND RELEASE by reading it before I signed it.

Food allergies and other important medical information: _____

Dated: _____ 20_____

(Signature of Parent or Guardian)

Cell No. _____