88 Brand Road - Loganville, GA 770.466.4040
Derik Lawrence, Pastor - Josh Ayers, Youth Pastor

YOUTH MINISTRY CONSENT AND RELEASE FORM

I the undersigned parent or guardian, hereby consent to my child, _____*(child's name)*, participating in The War @ Victory *(activity, please be specific)*, an event sponsored by Victory Baptist Church on Thurs. - Sat. *(day,* May 10-12 *(date)*. I certify that my child is able to participate in these activities including Mud Pits, Obstacle Courses, "War Competitions". If my child has medical conditions which 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_____*(an adult sponsor)* 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 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 Victory Baptist Church 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 Georgia 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 that **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.

_____ _____

Parent or Guardian Date

Medical conditions of which to be aware:

_____

Telephone numbers where I may be reached in an emergency:

_____

I do not wish my child to participate in the following:

_____

_____