



# FAMILY LIFE CHURCH

1617 29th St, Anacortes, WA 98221 | 360.293.2219 | [www.flachurch.org](http://www.flachurch.org)

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## Family Life Church Activity Participation Agreement

Effective: July 1, 2022 - June 30, 2023

Participant's / Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian's PH#: \_\_\_\_\_ Secondary PH#: \_\_\_\_\_

Email: \_\_\_\_\_

I, (Parent/Guardian) \_\_\_\_\_, grant permission

for my child (Child's Name) \_\_\_\_\_, to participate in Family Life Church events that are communicated on the Family Life Church Website, Social Media Pages and/or Printed Materials. These events may require transportation and additional accommodations. All activities will take place under the guidance and direction of employees and/or volunteers from Family Life Church.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend Family Life Church, officers, directors, agents, employees, and any other representatives associated with Family Life Church, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending events or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Family Life Church, its officers, agents, employees, and any other representatives associated with Family Life Church for reasonable attorney's fees and expenses arising therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Medical Treatment:**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ PH#: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ PH#: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_