First Baptist Church of Land O' Lakes
Land O' Lakes Christian School
Lakes O' Lakes, Florida
Consent and Release Form

Ministry Activity Consent and Release Form

I, the undersigned parent or guardian, hereby consent to my child, _____ _____, participating in athletic events sponsored by Land O' Lakes Christian School/ First Baptist Church during the 2023-2024 school year. I certify that my child is able to participate in these activities including traveling to and from games in either school busses or personal vehicles and participating fully in all athletic events.

If my child has medical conditions that 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 the church/school official 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 Land O' Lakes Christian School/First 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 Florida 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 I have read and understand.

_____   _____
PARENT OR GUARDIAN   DATE

MEDICAL CONDITIONS OF WHICH TO BE AWARE:
_____
_____

TELEPHONE NUMBER WHERE I MAY BE REACHED IN AN EMERGENCY:
_____

I DO NOT WISH MY CHILD TO PARTICIPATE IN THE FOLLOWING ACTIVITIES:
_____
_____
_____