

(if you are under the age of 18, please have your parents or guardian fill out the following).

**LIABILITY RELEASE & CONSENT TO TRAVEL
MEDICAL RELEASE /DISCIPLINARY AGREEMENT**

LIABILITY RELEASE & CONSENT TO TRAVEL

I/We _____ & _____,
being the parents or legal guardian(s) of _____
a minor of _____ years of age, consent and agree that the said child may travel with the **MEN'S
MINISTRY DEPARTMENT** of CHRISTIAN LIFE CENTER of Fallon, Nevada, to all activities
during the year 20____; and I/we hereby release the FALLON CHRISTIAN LIFE CENTER, its
agents, assigns, employees and volunteer assistants from any liability whatsoever arising out of
injury, sickness or damage which may be sustained by said child during the course of said trip.

MEDICAL RELEASE

I/We _____ & _____,
being the parents or legal guardian(s) of _____
do further give my/our consent for the director or properly appointed staff member of FALLON
CHRISTIAN LIFE CENTER to secure the administration of medical treatment or medication for
the above named child, and I/we do further agree to the performance of such treatment,
anesthetics, and operations as in the opinion of the attending physician is deemed necessary for
our child.

(ON THE REVERSE SIDE LIST ANY MEDICATION OR TREATMENT THAT SHOULD NOT BE
GIVEN TO YOUR CHILD BECAUSE OF DANGEROUS REACTIONS).

DISCIPLINARY AGREEMENT

I/We understand that, while the above named child participates in any regularly sponsored
activities, he or she is responsible to abide by the rules set forth by the sponsoring organization,
its leaders and supervisory personnel. Any serious infraction of the rules and/or conduct by the
child can result in dismissal from the program, we, the undersigned, agree to assume the cost of
returning the child to his or her home. We also agree to forfeit any possible refund. (We
understand that such action would only be taken under extreme circumstances and only after
direct consultation with the child's pastor and parents or guardians).

DATED _____ SIGNED _____

home phone _____ SIGNED _____

alternate phone _____

(if at all possible, both parents are requested to sign)