

(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  
**FIREPROOF YOUTH MINISTRIES DEPARTMENT** of CHRISTIAN LIFE CENTER of Fallon,  
Nevada, to all activities during the year \_\_\_\_; 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)