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 tra | avel with the |
| CHRISTIAN LIF | FE CENTER Yth Xplosion to all events during the year; and | d I/we hereby |
| release the FALL | ON CHRISTIAN LIFE CENTER, its agents, assigns, employees | and volunteer |
| assistants from an | ny liability whatsoever arising out of injury, sickness or damage v | 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 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 |
|------------|---------|
| Cell phone | _SIGNED |

Alternate phone

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