

**Minor Permission Waiver Form
(Minor under 18)**

Name of Participant (please print) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____

Emergency Contacts

Name of persons and telephone numbers to call in case of emergency:

Name _____ Home _____ Work _____ Cell _____

Name _____ Home _____ Work _____ Cell _____

Functions and Activities

Prior to my participation in the Fellowship of Christian Athletes Bridge & Dam Half Marathon/10K/5K race, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

BY SIGNING THIS MINOR PERMISSION WAIVER FORM, I EXPRESSLY WARRANT THAT THE MINOR NAMED ABOVE IS CAPABLE OF WITHSTANDING BOTH THE PHYSICAL AND MENTAL DEMANDS OF THE ACTIVITIES DISCUSSED ABOVE. I ALSO EXPRESSLY ASSUME ALL RISKS OF THE STUDENT PARTICIPATING IN THE ACTIVITIES, WHETHER SUCH RISKS ARE KNOWN OR UNKNOWN TO ME AT THIS TIME. I FURTHER RELEASE THE FELLOWSHIP OF CHRISTIAN ATHLETES (FCA) AND ITS LEADERS, EMPLOYEES, OFFICERS, DIRECTORS, VOLUNTEERS, AND AGENTS FROM ANY CLAIM THAT MY STUDENT MAY HAVE OR THAT I MAY HAVE AGAINST THEM AS A RESULT OF INJURY OR ILLNESS, OR DAMAGE TO VEHICLES INCURRED DURING THE COURSE OF PARTICIPATION IN THE ACTIVITIES. THIS RELEASE OF LIABILITY SHALL INCLUDE (WITHOUT LIMITATION) ANY CLAIMS OF NEGLIGENCE OR BREACH OF WARRANTY. THIS RELEASE OF LIABILITY IS ALSO INTENDED TO COVER ALL CLAIMS THAT MEMBERS OF THE STUDENT'S OR MY FAMILY OR ESTATE, HEIRS, REPRESENTATIVES, OR ASSIGNS MAY HAVE AGAINST THIS ORGANIZATION OR ITS LEADERS, EMPLOYEES, VOLUNTEERS, OR AGENTS. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS FCA AND ITS LEADERS, EMPLOYEES, VOLUNTEERS, OR AGENTS FROM ANY AND ALL CLAIMS ARISING FROM MY MINOR'S PARTICIPATION IN ITS ACTIVITIES AND PROGRAMS, OR AS A RESULT OF INJURY OR ILLNESS OF MY MINOR DURING SUCH ACTIVITIES.

First Aid and Emergency Medical Treatment

I RECOGNIZE THAT THERE MAY BE OCCASIONS WHERE THE STUDENT NAMED ABOVE MAY BE IN NEED OF FIRST AID OR EMERGENCY MEDICAL TREATMENT AS A RESULT OF AN ACCIDENT, ILLNESS, OR OTHER HEALTH CONDITION OR INJURY. I DO HEREBY GIVE PERMISSION FOR AGENTS OF THIS ORGANIZATION TO SEEK AND SECURE ANY NEEDED MEDICAL ATTENTION OR TREATMENT FOR THE STUDENT NAMED ABOVE INCLUDING HOSPITALIZATION, IF IN THE AGENT'S OPINION THAT SUCH NEED ARISES. IN DOING SO, I AGREE TO PAY ALL FEES AND COSTS ARISING FROM THIS ACTION TO OBTAIN MEDICAL TREATMENT.

I REPRESENT THAT I AM THE PARENT/GUARDIAN OF _____, WHO IS UNDER 18 YEARS OF AGE. I HAVE READ THE ABOVE STUDENT PERMISSION WAIVER FORM AND AM FULLY FAMILIAR WITH THE CONTENTS THEREOF. I GIVE PERMISSION FOR THE STUDENT NAMED ABOVE TO PARTICIPATE IN THE ACTIVITIES OF THIS ORGANIZATION, INCLUDING ANY SPECIAL EVENTS/ACTIVITIES DESCRIBED ABOVE. IN CONSIDERATION FOR ALLOWING THE PARTICIPATION OF THE STUDENT IN THESE ACTIVITIES, I HEREBY CONSENT TO THE STUDENT PERMISSION WAIVER FORM, INCLUDING THE **Release of Liability** ABOVE, ON BEHALF OF THE STUDENT AND AGREE THAT THIS STUDENT PERMISSION WAIVER FORM SHALL BE BINDING UPON ME, MY FAMILY, HEIRS, LEGAL REPRESENTATIVES, SUCCESSORS, AND ASSIGNS.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

PRINT NAME OF PARENT OR LEGAL GUARDIAN