



Montvale Evangelical Free Church
141 W. Grand Avenue
Montvale, NJ 07645
(201) 391-6233

MINISTRY ACTIVITY CONSENT AND RELEASE FORM

I, the undersigned parent or guardian, hereby consent to my child, _____, to participate in an event/activity sponsored by Montvale Evangelical Free Church. I certify that my child is able to participate in the event/activities described below:

Event Description

Junior High Youth Retreat to Camp Monadnock. Starting on 2013-02-15 and ending on 2013-02-17

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 administration or church 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 Montvale Evangelical Free Church and its agents, employees, sponsoring families, and volunteers harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property 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 New Jersey and New York 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 that I have read and understand.

Parent or Guardian

Date:

MEDICAL CONDITIONS TO BE AWARE OF:

TELEPHONE NUMBERS WHERE I MAY BE REACHED:

Name: _____ Number: _____ (____) _____ Name: _____ Number: _____ (____) _____

EVENTS I DO NOT WANT MY CHILD PARTICIPATE

