FLORIDA CHRISTIAN COLLEGE

Discipline, Liability, and Medical Release Form

I, the participant listed on this form, wish to participate in Florida Christian College special events. I understand that all participants are expected to abide by the event rules, and will be directly responsible to the Event Director. Florida Christian College's Event Director assumes responsibility for discipline at the event, and if necessary, may require a participant to leave because of misconduct or disobedience.

I release, and hereby agree, to hold blar all claims arising, or which may be asse any activities associated with Florida C from the same liability.		its employees and agents from any and y family by reason of participating in
from the same liability.		(Sponsoring Church)
I authorize the minister or sponsor of the emergency contact cannot be reached be medical or surgical treatment while on any expense that may be incurred for sa	by phone, to give consent to a physical this trip. It is understood that I will a	ian and or hospital for emergency
I certify that I am covered by adequate to the information given in this entire for		e is given below. I have read and agree
Signature of Participant		Date
Signature of Parent or Legal Guardi (If participant is under the age of 18 years of		Date
PLEASE PRINT		
Participant's Name:		
Birth Date	First Phone Number (Middle Initial
List known allergies & medications	currently taken	
Home Address:		
		Zip
PERSON TO NOTIFY IN THE E	EVENT OF AN EMERGENCY:	:
Name	Relationship	Phone ()
The Participant is attending with		
	Church Name	Group Leader's Name

THIS FORM MUST BE PRESENTED AT REGISTRATION FOR ALL ADULTS AND YOUNG PEOPLE ATTENDING FLORIDA CHRISTIAN COLLEGE EVENTS. SORRY, NO EXCEPTIONS.