

## SOFCC WARRIORS ATHLETIC PROGRAMS MEDICAL RELEASE FORM

Release made the	day of	
In consideration hereafter "SOFCC",	on of permission gr to participate in it (child	ranted by Spirit of Faith Christian Center, s athletic program, I hereby give permission s name), hereafter "my child", to
from all claims, dema ever had, or now has, executors, administra successors or assigns, property, real or pers	ands, actions, judgr or may have in the stors or assigns, ma for all personal in sonal, caused by or	OFCC, its agents, employees and officers ments and executions which the undersigned e future, or which the undersigned's heirs, ay have or claim against SOFCC, its juries known or unknown, and injuries to arising out of the aforementioned sports d by SOFCC, which are incidental or
any emergency medic result of participating and harmless of any o	cal care or treatment g in the aforementic claims, demands, o	gents, employees and officers to arrange for nt for my child, which may be required as a oned activities. I agree to hold SOFCC free r suits of damages from any injury or result from such treatment.
_	_	read this release and understand all terms. owledge of its significance.
SOF	CC	(Signature of Parent/Guardian)
		(Printed name of Parent/Guardian)
	<b>*</b> /	(Name/Signature of Witness)

(Date)