



SOFCC WARRIORS ATHLETIC PROGRAMS MEDICAL RELEASE FORM

Release made the _____ day of _____, 20____, by _____.
(Name of Parent/Guardian)

In consideration of permission granted by Spirit of Faith Christian Center, hereafter "SOFCC", to participate in its athletic program, I hereby give permission for _____ (child's name), hereafter "my child", to participate in the program activities directed by SOFCC.

I hereby release and discharge SOFCC, its agents, employees and officers from all claims, demands, actions, judgments and executions which the undersigned ever had, or now has, or may have in the future, or which the undersigned's heirs, executors, administrators or assigns, may have or claim against SOFCC, its successors or assigns, for all personal injuries known or unknown, and injuries to property, real or personal, caused by or arising out of the aforementioned sports activities, or any other activities directed by SOFCC, which are incidental or necessary thereto.

I further authorize SOFCC, its agents, employees and officers to arrange for any emergency medical care or treatment for my child, which may be required as a result of participating in the aforementioned activities. I agree to hold SOFCC free and harmless of any claims, demands, or suits of damages from any injury or complications, whatsoever, which may result from such treatment.

I the undersigned have carefully read this release and understand all terms. I execute it voluntarily and with full knowledge of its significance.



(Signature of Parent/Guardian)

(Printed name of Parent/Guardian)

(Name/Signature of Witness)

(Date)