



6205 Enterprise Drive
 Diamond Springs, CA 95619
 (530) 642-2053
 solidrockfaithcenter.com

SOLID ROCK FAITH CENTER PRESENTS:

“B.O.O.T Camp”
VACATION BIBLE SCHOOL
JUNE 26th - JUNE 30TH
5PM-8PM
GRADES K-6th
Cost \$10
(INCLUDES DINNER)

B.O.O.T Camp Kids Camp Registration

Name _____ Age _____

Address: _____ City _____ State _____

Parent or Guardian Name (s) _____

Parent or Guardian phone # _____ / _____

Grade ____ Shirt Size: S ____ M ____ L ____ XL ____ Youth or Adult (circle one)

Home Church, if any _____

CONSENT AND RELEASE FORM FOR CHURCH ACTIVITY

I, the undersigned parent(s) or guardian(s), hereby consent to my child _____, who is _____ years of age, participating in the activities connected with Solid Rock Faith Center on the following date(s): **Monday, June 26th-Friday June 30th**. I certify that my child is able to participate in any and all of these activities. 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 that an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, as determined by church officials, I hereby authorize the church or any adult sponsor to make emergency medical decisions for my child. If there are any activities that 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 ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge Solid Rock Faith Center and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activity or in any other associated activities including, but not limited to any injury to my child or property, even injury resulting in death.

(please complete back side of form)
 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 California and that if any portion hereof 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. It is understood that as a part of Solid Rock Faith Center's Alternative Dispute Resolution Policy, I agree to abide by our deeply held spiritual belief that all Christians are prohibited from bringing civil lawsuits against other Christians or the Church to resolve personal disputes. We believe the church possesses all the resources necessary to resolve personal disputes between Christians. We do believe, however, that a Christian may seek compensation for injuries from another Christian's insurance company as long as the claim is pursued without malice or slander. (1 Cor. 6:1-8, Eph. 4:30-32.) Solid Rock Faith Center accepts the Biblical formula for conflict resolution as found in Matthew 18:15-17.

I further state that I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. I understand that this is a legally binding agreement.

Medical conditions: _____

Any known food or drug allergies: _____

Physical restrictions: _____

Instructions and medications: _____

Date of last tetanus or booster: _____

I DO NOT wish my child to participate in the following: _____

Parent / Guardian (Mother)

Date

Parent / Guardian (Father)

Date

Telephone numbers where I may be reached in an emergency: _____

OTHER SPECIAL NOTES: _____
