

Wellington Free Will Baptist Church

Liability Release Form

January 09- January 11

Name: _____ Age: _____ Phone#: _____

Address: _____ City: _____ State: _____

Zip: _____ Known Allergies: _____

Parents Cell: _____ Hospital Insurance: Yes ___ No ___

Insurance Co: _____ Policy#: _____

Doctor's Name and Phone: _____

Emergency Contact in case we can't reach parent: _____

Parent Covenant

My son or daughter has my permission to attend events or retreats sponsored by Wellington First Free Will Baptist Church during the time period of January 09- January 11. I release the WFFWBC and all individuals representing the Church of liability for an accident that might occur to my son or daughter while participating in events.

Parent or guardian signature: _____

Notary: _____

Signed before me this day _____, of _____ year of _____. State of Kansas county of Sumner.

Youth Covenant

I am excited about being involved with the youth group and all activities and events. I want to build my relationship with God and get to know myself and others better. I want to have fun. While participating in any Wellington First Free Will Baptist Church youth event or activity I agree to abide by and do the following.

1. Treat others with respect. Youth and Adults
2. I will leave all electronic devices INCLUDING CELL PHONES at home.
3. I will not bring any drugs, alcohol, weapons, fireworks or people destroying items to any event.
4. I will make an effort to make friends.
5. I will abide by the dress code I am asked to abide by. NO SHORTS ARE ALLOWED TO ANY YOUTH EVENT, ACTIVITY OR SERVICE.
6. I will have a positive Christ like attitude
7. I will ask questions if I have them.
8. I will abide by the covenant and its statement that allows no male/female contact of an intimate nature.

Youth Signature: _____