

NEXT STEP

AFTER SCHOOL PROGRAM

RELEASE FORM

LOCATION: 1701 KALAMAZOO AVE SE., GRAND RAPIDS, MI 49507 OR OFF SITE FOR FIELD TRIPS)

I _____ (Parent) wish for my child(ren) _____ to participate in the above activity scheduled by SPONSOR (New Faith Temple Community Development Corporation). I am aware of the special dangers and risks inherent in participating in the activity including physical injury, death, or other consequences arising or resulting from the activity. I agree to accept responsibility for such risks. I further agree to advise activity planners of any physical or mental limitations I may have. I agree to be fully responsible for my child(ren)'s property, and equipment related to this activity. In consideration of and part of a right to participate in the activity, I hereby release and indemnify SPONSOR (NEW FAITH TEMPLE COMMUNITY DEVELOPMENT CORPORATION AND/OR NEW FAITH TEMPLE CHURCH OF GOD IN CHRIST), and their staff of any and all liability, claims and causes of actions arising out of or in any way connected with my participation in this activity offered by SPONSOR. I agree to allow any medical personnel the opportunity to treat an illness, injury or any other medical condition. I agree to accept responsibility for any medical costs which may result from my participation. I have read this release and indemnification agreement and understand its meaning. This release is intended to bind my heirs, representatives, successors, assigns and administrators.

In the event of any emergency your child will be taken to Spectrum Butterworth Hospital 100 Michigan Street NW, Grand Rapids, Michigan 49503 (616) 391-1774.

Parents or legal guardian must sign out participants under 18 years of age. Being fully informed as to these risks, I hereby consent to the minor to participate in the activity. You must sign your child(ren) in and out daily. Peradventure you will not be able to pick up your child(ren), please provide information for the person(s) you will give permission to do so.

Please note: Identification must be shown.

WE WILL NOT RELEASE YOUR CHILD TO AN INDIVIDUAL NOT LISTED ON THE RELEASE FORM.

I give the following persons permission to pick my child(ren) up.

LAST NAME	FIRST NAME	PHONE
LAST NAME	FIRST NAME	PHONE
LAST NAME	FIRST NAME	PHONE
PARENTS SIGNATURE	DATE	

CHILD'S NAME



New Faith Temple Community Development Corporation | 1701 Kalamazoo Ave. S.E. Grand Rapids, MI 49507

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