

**Consent and Release of Liability for Soup Kitchen-Minors**  
**(PLEASE PRINT)**

I, the undersigned parent or guardian, hereby consent to my child, \_\_\_\_\_ who is \_\_\_\_\_ years of age, participating in the activities connected with Soup Kitchen on Mondays and Tuesdays of the 2012 calendar year starting at 5:00PM at GFC, travel to the outdoor soup kitchen site located off of Nebraska Ave in the Florida Irrigation parking lot until 7:15pm, then travel back to GFC arriving around 7:30-8:45PM for clean up at the church. I certify that my child is able to participate in these activities, including but not limited to transportation to and from Grace Family Church, feeding the homeless, playing with children outdoor and indoor, participating in arts and crafts, picking up trash in the outdoor parking lots of Florida Irrigation, Spa Inc., sorting and passing out donated items, serving hot food, use of indoor/outdoor equipment in efforts of completing cleanup work projects, lifting, and exposure to the outdoor elements. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them on the back of this page. If I cannot be reached within a reasonable period of time, I hereby authorize the adult sponsor, the Local Outreach Coordinator, on site Soup Kitchen Team Leader, or GFC security team to make emergency medical decisions for my child. If there are activities I do not want my child to be involved in, I have listed them on the back of this page.

**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 hereby agree to hold Grace Family Church and its agents and employees harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have, or which may arise in the future, in connection with the activity or participation in any other associated activities.

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 Florida, and that if any portion thereof 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, and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and understand.

Medical Conditions to be aware of including allergies to food, medicines, insects, etc. (list on reverse side if applicable). If none so state: \_\_\_\_\_

Physical Restrictions (list on reverse side if applicable). If none so state: \_\_\_\_\_

Instructions and Medications (list on reverse side if applicable). If none so state: \_\_\_\_\_

Insurance Contact Information and Physician (list on reverse side if applicable). If none so state: \_\_\_\_\_

Date of Last Tetanus and Booster: \_\_\_\_\_

**I DO NOT** Wish My Child to participate in the Following Activities (list on reverse side if applicable):

\_\_\_\_\_  
Parent or Guardian **Signature**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian / **Please Print**

**Date:** \_\_\_\_\_

**Emergency Contact Telephone Numbers:** \_\_\_\_\_