

**The Fellowship Center (TFC)**

10901 Rhode Island Ave., Unit 77, Beltsville, MD 20705 — Terry L. White, Sr., Senior Pastor

**Activity Permission Slip & Medical  
and Photo/Video Waiver/ Release of Liability Form**

I give \_\_\_\_\_ permission to participate in activities of the Youth and Young Adult Church Ministry, which include the Children, Teen, and/or Young Adults; or any other Ministry of We Are The Fellowship Center, Inc. (TFC) on the dates below. I support the Ministry Leader(s) in acting as a responsible leader who is in touch with parent(s)'s as well as children's needs. I also understand that I may give special instructions and requests for any individual activity to the Ministry Leader of the above-mentioned ministries at this number provided by the Ministry Leader: \_\_\_\_\_

**ACTIVITY LIABILITY RELEASE**

It is understood and agreed that the undersigned shall not bring or cause to be brought any action due to any accident or personal injury to my child or property damage that might result from my child's participation in any church-sponsored activity, whether under the direct supervision of the church, its staff, adult youth, children's leaders, parents or other church member.

To restate, the undersigned agrees to accept full responsibility for my child's participation in any church-related-or-sponsored activity and to hold harmless We Are The Fellowship Center, Inc., its staff, adult youth, or children's leaders and any other church member.

**MEDICAL RELEASE – TO BE COMPLETED BY PARENT/GUARDIAN ONLY**

I do give my permission for \_\_\_\_\_ to be administered medical aid by a physician or hospital staff if the need arises. I assume responsibility for passing all communication concerning each activity to the parents of any visitor brought by my child or family.

Activity \_\_\_\_\_ Date(s) \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Grade in School \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact Person (Other than Parent): \_\_\_\_\_

Doctor(s) Name: \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Ins. Co.: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please list any known medical, food or other allergies or physical conditions plus special requests: \_\_\_\_\_

\_\_\_\_\_

I also give The Fellowship Center, its' designees and partners permission to use any photographs or video footage of my child for promotional purposes or other legitimate advertisement or promotional reasons. This Waiver holds the TFC and its' affiliates harmless of any liability related to your child's participation in the above detailed event.

Signature of Parent(s) or Guardian(s) \_\_\_\_\_