



**FFWBC
SUNSHINE MISSION WEEK
PERMISSION SLIP & RELEASE OF LIABILITY**

CHURCH NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 CHURCH PHONE _____

I, (please print) _____ acknowledge
 that i have volunteered to participate in projects/construction/clean-up and various activities involved in the FFWBC
 Sunshine Mission Week. These activities are not part of any trade or commerce, I am not getting pay or compensation for
 such activities. These activities do not involve the lease or sale of services or goods. I understand FFWBC Sunshine Week
 may partner with other ministries and non-profit organizations for activities and projects i will participate in.

I am aware that I am voluntarily participating in these activities of FFWBC Sunshine Mission Week and their ministry
 partners, of construction, which include, but are not limited to, the construction of homes, loading and unloading materials,
 painting, framing, finishing, transporting to and from building sites, and other related activities, with the knowledge of the
 danger involved. I hereby agree to accept any and all risk of injury and verify this statement by placing my signature below. I
 agree to participate in recreational activities of this week which may include but are not limited to, park activities, beach
 excursions, outdoor games and similar outings and or events. I hereby agree that I, my assignees, heirs, distributees,
 guardians, and legal representatives will not make a claim against, sue, or attach the property of First Free Will Baptist
 Church of Tampa (FFWBC), its directors, officers, agents, employees, volunteers, suppliers, or contractors or ministry
 partners. This release is intended to be broad in its effect. I authorize a church representative and/or FFWBC staff
 member to obtain medical treatment for my child in the event of injury or illness and agree to pay any expenses incurred for
 treatment.

Participant Name: _____ D.O.B.: _____

Address: _____

Contact Phone: _____

Insurance Carrier: _____

Policy Number: _____

Allergies: _____

Date of last tetanus shot: _____

Medical information: _____

Signature of participant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

This document must be notarized