

**FAITH SCHOOL OF THEOLOGY
CAMPUS DAYS PERMISSIONS**

PARTICIPATION AGREEMENT

Necessary for all applicants

I, _____, agree to abide by the guidelines of Faith School of Theology while participating in Campus Days.

Printed Name of Participant _____

Signature of Participant _____

EMERGENCY MEDICAL RELEASE

Necessary for all applicants under age 18

I hereby authorize medical treatment for:

Name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____ Phone _____

LIABILITY RELEASE

Necessary for all applicants under age 18

I, _____, release and hold harmless FST for any liability resulting
(parent/guardian name)
from _____'s disobedience of guidelines during his/her
(participant's name)
participation in Campus Days.

Parent/Guardian Signature _____

Date _____ Phone _____