

Defoors Farm Community

Bible Study & Christian line Dancing Classes

Sponsor: **The Fulfillment Church**

Participant Waiver and Release

Location: Defoors Farm Community (Club House)

Dates: [Start Date] – [End Date], 6 weeks (Every Other Monday)

Participant Information

Participant Name: _____

Date of Birth: ____/____/____

Address: _____ City, _____ State _____ ZIP: _____

Phone: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Medical & Health Information (optional but helpful)

Do you have any medical conditions or allergies? _____

Current medications: _____

Primary physician: _____ Phone: _____

Insurance Provider: _____ Policy #: _____

Assumption of Risk

I acknowledge that participation in Bible study/Line Dancing with light movement may include physical activities such as walking, stretching, and simple dance steps. I voluntarily assume all risks of injury, including but not limited to slips, trips, falls, strains, and other injuries, whether or not caused by the negligence of the organizers or volunteers, except for gross negligence or intentional misconduct.

Medical Authorization In the event of a medical emergency and I am unable to consent, I authorize organizers to seek emergency medical treatment on my behalf. I understand I will be responsible for any costs not covered by insurance.