



TEMPLE OF FAITH DELIVERANCE  
CHURCH OF GOD IN CHRIST

**TOFD 2026 YOUTH SHUT-IN EVENT**  
PARTICIPATION, MEDICAL RELEASE, AND LIABILITY WAIVER

**IMPORTANT INSTRUCTIONS:**

Please print this form, complete it, and sign where indicated.  
Return the completed form to your TOFD Youth Leader.

— OR —

You may sign and scan this completed form, then email it to  
**angee.rocks18@gmail.com**  
no later than **Thursday, July 9th, 2026.**



**Thank you for supporting our Youth Ministry!**

Your support helps make events like this possible and empowers our youth to grow in faith and fellowship.

Cost: **\$20 for the first child in the family / \$15 each subsequent child.**

**TOFD Giving Page:**

<https://www.templeoffaithdeliverancecogic.org/tofdgivingpage>



Scan the QR code to give online.

**PLEASE READ THIS FORM CAREFULLY.**

A parent or legal guardian must read, complete, sign, and date this waiver before the participant may attend the event.

**1. PARTICIPANT & PARENT/GUARDIAN INFORMATION**

Participant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. EVENT DETAILS**

**Event Name:** 2026 TOFD Youth Department Shut-In

**Date:** Friday, July 10, 2026 – Saturday, July 11, 2026

**Time:** 8:00 PM – 8:00 AM

**Location:**

Temple of Faith Deliverance Church of God in Christ  
2139 E. 27th Street  
Chattanooga, TN 37407

**3. MEDICAL & INSURANCE INFORMATION**

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Known Allergies/Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

TOFD 2026 Youth Shut-In Participant: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Child's Grade: \_\_\_\_\_

Siblings in Attendance (Names & Ages):  
\_\_\_\_\_  
\_\_\_\_\_

Parental/Guardian Drop Off:

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

Phone: \_\_\_\_\_

Parental/Guardian Pick Up:

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

Phone: \_\_\_\_\_

Family/Friend Requested to Bring:

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

Phone: \_\_\_\_\_

Payment Options: See above.

Teen Sex Ed class led by Sis Faith & Sis Slack.

Do you give permission for your teen to attend?

Yes, I give permission.

No, I do not give permission.

**4. LIABILITY RELEASE & HOLD HARMLESS AGREEMENT**

I, the undersigned parent or legal guardian, voluntarily release and hold harmless Temple of Faith Deliverance Church of God in Christ, its pastor, officers, staff, volunteers, and ministry leaders from any and all liability, claims, damages, losses, or causes of action arising from my child's participation in the 2026 Youth Department Shut-In, including transportation provided in connection with event activities. I voluntarily assume all risks associated with my child's participation.

**5. EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

If I cannot be reached, I authorize Temple of Faith Deliverance Church of God in Christ to obtain emergency medical and/or dental treatment for my child. I understand and accept full financial responsibility for any medical or dental expenses incurred.

**6. PHOTO & MEDIA RELEASE**

I grant permission for Temple of Faith Deliverance Church of God in Christ to photograph and/or record my child during this event and to use those images or recordings for church publications, presentations, promotional materials, websites, and social media.

**7. BEHAVIORAL EXPECTATIONS & EARLY PICK-UP POLICY**

Participants are expected to conduct themselves in a respectful, safe, and Christ-like manner throughout the event. Should my child be dismissed for behavioral reasons, I agree to arrange immediate transportation home when requested by church leadership.

**8. LEGAL ACKNOWLEDGMENT & SIGNATURE**

By signing below, I certify that I am the parent or legal guardian of the participant listed above. I have read, understand, and voluntarily agree to the terms and conditions of this Participation, Medical Release, and Liability Waiver.

By signing below, I acknowledge that I have read this document in its entirety, understand its contents, and voluntarily agree to all terms and conditions stated herein.

Parent/Guardian Signature: \_\_\_\_\_

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

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

Relationship to Participant: \_\_\_\_\_