

**Parental Liability Release Form
Fall Youth Retreat
October 19-21, 2018**

Name: _____ T-Shirt Size: _____

Age: _____ Grade: _____ Birth date: _____

Address: _____

City, State, Zip: _____

Home Phone _____ Work Phone _____

Alternative Numbers: (____) _____ (____) _____

I agree to hold harmless the **Wisconsin Assembly of the Church of God, Anderson Indiana**, and its directors from any liability, claims, or property damage and expenses, of any nature.

I, as the parent or legal guardian of this participant hereby grant my permission for _____ to participate fully in said trip, and hereby give my permission to take said participant to a doctor and hereby authorize medical treatment and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation cost.

Parent/Guardian Signature: _____ Date: _____

Hospital Insurance: Yes _____ No _____

Insurance Company: _____ Policy # _____

Physician: _____ Phone # _____

Emergency Names and Numbers:

1. _____ Phone # _____

2. _____ Phone # _____

Trip Participant

I understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip or activity. These are the same rules that apply for all state youth events.

Participant's Signature: _____ Date: _____

PLEASE LIST ALL MEDICATIONS AND ALLERGIES BELOW.

Office Use Only
