



Release Form (for Spring Retreat and Mission Venture)

PARTICIPANT'S FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #:(_____) _____ BIRTHDATE: _____

CELL PHONE #: (_____) _____ GENDER: _____

SENDING CHURCH: _____ CHURCH CITY: _____

INSURANCE PROVIDER: _____

INSURANCE NUMBER: _____

PRIMARY PHYSICIAN'S NAME: _____

PRIMARY PHYSICIAN'S CONTACT NUMBER:(_____) _____

PRIMARY EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO THE STUDENT: _____

PRIMARY EMERGENCY CONTACT NUMBER (#1):(_____) _____

PRIMARY EMERGENCY CONTACT NUMBER (#2):(_____) _____

(Optional) 2nd EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO THE STUDENT: _____

(Optional) 2nd EMERGENCY CONTACT NUMBER (#1):(_____) _____

(Optional) 2nd EMERGENCY CONTACT NUMBER (#2):(_____) _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS SHEET

MEDICAL BACKGROUND:

(Please attach an additional sheet if needed.)

Does your child have any allergies or other medical conditions? If so, please list and describe.

Will your child be bringing/taking any medications (prescription or over-the-counter) while participating on the Mission Venture or Spring Retreat? If so, please list and describe.

Are there any activities in which your child should not participate (i.e. swimming, etc.)?

Is there any additional information that would be helpful to know about your child in the event of an emergency?

MEDICAL/LIABILITY RELEASE INFORMATION

The undersigned parent or legal guardian hereby gives permission for:

to participate in the 2011 Youthmark Spring Retreat and the 2011 Youthmark Mission Venture. The undersigned affirms that the above named minor has no health problem(s) which would preclude their participation in these activities.

Further, the undersigned expressly agrees to hold harmless Youthmark and/or its employees and agents, for any injury to the minor or damage to their personal property which may be incurred by or as a result of their participation.

In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event that I cannot be reached through reasonable efforts, I hereby give my permission to the physician selected by the leader in charge to secure proper treatment or to hospitalize, to order injections, anesthesia or surgery for my child.

In addition, I understand that pictures and captured video from the Spring Retreat and/or Mission Venture may be used in future promotional materials for Youthmark and/or the sponsoring church.

Parent/Legal Guardian Signature

Date