

# WHITE WASH

## *Winter Retreat*

### LAKE COUNTRY BAPTIST CHURCH WHITE WASH 2017 Parental Permission / Claim Release Form

I, \_\_\_\_\_, as parent/legal guardian of

\_\_\_\_\_,

Hereby, give permission for my son/daughter to participate in the below activity sponsored by the Lake Country Baptist Church

**Activity: White Wash 2017 – Winter Retreat**

**Beginning Date: December 29<sup>th</sup>, 2017**

**Ending Date: December 31<sup>st</sup>, 2017**

**Place: Stonewater Ranch, Leavenworth, WA**

In granting this permission, I hereby waive all claims, to the extent permitted by law, against the Lake Country Baptist Church, its church leaders, teen ministry leaders, members and/or other persons who lead or direct this activity, in the event my son/daughter is injured or becomes ill, or in the event of accident or death occurring during or by reason of this activity.

Should it be necessary for my son/daughter to receive medical attention/treatment while participating in this activity, I hereby give permission for the person(s) leading or directing this activity, to use their best judgment in obtaining medical attention/treatment for my son/daughter. I further give permission to the physician/medical professional that is selected by the person(s) leading or directing this activity, to render medical attention or administer medical treatment as that physician/medical professional deems appropriate and necessary. I also give permission for the person(s) leading or directing this activity to use their best judgment to otherwise render any assistance (i.e., first aid, C.P.R., etc.) to my son/daughter in the event of injury or illness.

I further agree to pay all medical charges which are associated with injury or illness occurring in the course of this activity. Therefore, any costs incurred for such medical attention/treatment shall be my sole responsibility.

Participant's name \_\_\_\_\_

Parent/Legal Guardian's signature:

\_\_\_\_\_

Parent/Legal Guardian's printed name:

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

Medical Insurance Carrier of participant or participant's family:

\_\_\_\_\_

Policy identification number(s) and information:

\_\_\_\_\_

Please provide any additional medical information about your son/daughter that we should know about in the event of an emergency (i.e., allergies, special conditions, medication, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- All Retreat activities will be supervised by qualified personnel, with the appropriate safety equipment. The following activities require parent/guardian permission.
  - Snow Tubing

My son/daughter may participate in the above described activity:

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

My son/daughter may not participate in the following of the above described activity:

\_\_\_\_\_

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