

CONSENT FOR WINTER BLAST AT CANAAN VALLEY

Date of the Trip _____ Church _____

(REQUIRED regardless of age)

Name: _____ Age: _____

Emergency contact _____

Phone: Home _____

Work _____ Cell _____

Physician _____

Office phone _____

Dentist _____

Office phone _____

Check the following areas of concern for this person. If necessary, add another page with details:

1. Does person have allergies to:
pollens medications food insect bites
2. Does person suffer from, or have ever experienced any of the following:
asthma epilepsy / seizure disorder
heart trouble diabetes
frequently upset stomach physical handicap
3. Date of last tetanus shot: _____
4. Does person wear: glasses or contact lenses?
5. Please list and explain any major illnesses person has experienced during the last year:

Should this persons activities be limited for any reason? Please explain: (more room on the reverse)

Insurance Company _____

Agent _____

Insurance Policy# _____

CONSENT STATEMENT

(FOR MINORS) I, the undersigned, have legal custody of the child named above, a minor, and have given consent for him/her to participate in the Winter Blast Ski Trip with the Church Named above.

(ADULTS & MINORS) I understand that there are inherent risks involved in any ministry or athletic event, and I release the Potomac District, this Church, their pastors, employees, agents, and volunteer workers from any and all liability for injury, loss, or damage to person or property that may occur during the course of my child's (my) involvement. In consideration of being allowed to participate in these events, I authorize the District or church to use my child's (my) likeness in photographs or videos in any and all of its publications and in any and all other media. I will make no monetary or other claim against the either organization for the use of such photographs or video. I understand that in the event EMERGENCY MEDICAL TREATMENT is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the adult in charge to secure the services of a licensed physician to provide the necessary care, including anesthesia, for my child's well-being and I release the Church and its staff of any liability against personal losses of the above named child (myself). In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further I affirm that the health insurance information provided is accurate at this date and will, to the best of my knowledge, still be in force. I also agree to bring my child home at my own expense should they become ill, or if deemed necessary by the Churches' staff.

Adult signature: _____

Date: _____

(required if under 18):

Parent/Guardian signature

Date: _____ Relationship _____