

PERMISSION AND WAIVER

1. Permission to Participate

My son/daughter, _____ has my permission to attend Tower Hill Camp in Sawyer, Michigan, from _____, leaving the church at 7:00 p.m. and returning to the church _____, with parental pick-up of children at St. Peter UCC at about 1:00 to 2:00 p.m. (if sooner, we will call).

Signature of parent/guardian _____ Date _____

Address and phone number _____

2. Waiver of Liability

In consideration of being accepted by St. Peter Church for participation in the Youth outing,

I/we, being 21 years or older, on behalf of _____ do hereby agree to hold harmless from, indemnify, and defend against, including the payment of attorney's fees, St. Peter United Church of Christ, its officers, pastors and volunteers, including volunteers pertaining to the above trip or activity, any and all claims, liability, allegations of personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever that may be incurred by the undersigned and/or child participant that may occur while said child is participating in the above-described trip or activity.

Furthermore, I/we, on behalf of my/our child participant hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in the recreation and work activities involved herein.

Signature of parent/guardian _____ Date _____

3. Medical Authorization

I understand that in the event that medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the supervisors to secure the services of a licensed physician to provide the necessary care, including anesthesia, to hospitalize, and to order injections, or surgery for the above. My initials below mean that permission is given.

Initials _____ Date _____

Medical Insurance Company & phone # _____

Medical insurance policy # _____

Any important medical conditions or allergy _____