

# Middle School Fall Retreat Permission Form

## October 13-15, 2017

\*Please turn in this form and \$80 payment by October 8th.

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Student cellphone \_\_\_\_\_ Parent Cellphone \_\_\_\_\_

As a parent/legal guardian of \_\_\_\_\_, I have reviewed the information about the Middle School Fall Retreat event, and give permission for the subject of this release to be involved in the overall activities.

I/We have reviewed the rules of the activities and agree that the subject of this release will abide by them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by Lynn Haven United Methodist Church and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Lynn Haven United Methodist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name (Please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date signed \_\_\_\_\_

Will your child be required to take any special medication during this trip?

If so, please list \_\_\_\_\_

\*Please list any additional information you would like for us to know concerning your child.