

BFLC Camp/Retreat Medical RELEASE Form

I consent for any of my children listed below to participate in a BFLC Camp/Retreat. In case of medical need, I authorize BFLC to arrange for medical or dental services for me and/or any of my children listed below. I agree that any such expense will be my obligation.

I, individually, and in my capacities as parent, guardian, or next friend of my children:

(Name(s)) _____

Waive, release, and indemnify Black Forest Lutheran from all claims or liability which have arisen or may arise from this BFLC trip and which involves any damage, loss, injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

This Activity Release is revocable prospectively only by a writing signed by me which bears the date that the revocation is delivered to Black Forest Lutheran Church.

Date

Signature

Date

Signature

Home phone: _____ Work phone: _____ Mobile phone: _____

Medical Insurance Company and Policy Number: _____

Authorized Medications: _____

Family Physician/Emergency Contact and Phone: _____

Special considerations or needs (allergies, asthma, etc.): _____

BFLC Camp/Release PERMISSION SLIP

I hereby give permission for my child/children:

_____ ,
to participate in :

Supervisor of Activities: Pastor, Youth Director or his/her designee

Method of Transportation (if applicable): Church vans and /or private vehicle

My child or children has/have no medical or physical limitations which might limit his/her or their participation in the activity other than those which I have described on the page (on back) entitled "Activity Release". As parent or guardian, I agree that I shall be fully responsible and liable for any injury, harm, or property loss or damage caused by my child or children during the activity. Should my child or children misbehave during the activity, I hereby give permission for the Supervisor of the Activity or his/her designee to direct my child to stop misbehaving, to take "time out", or to be returned home by appropriate means, and that I shall be fully responsible and liable for any costs incurred if being returned home should be deemed necessary by the Supervisor of the Activity or his/her designee.

This Permission Slip is revocable prospectively only by a writing signed by me which bears the date that the revocation is delivered to Black Forest Lutheran Church.

Date

Signature

Printed Name

Address

Emergency Contacts and Phone Numbers
(cellular phones too if available)

(turn over...)