

# Permission Slip and Release Form

Deep Freeze '10

Winter Retreat: March 19-21, 2010

**Instructions:** Please fill out this form, as well as Camp Berea's separate release form, COMPLETELY and return signed copies of these forms with balance payment *no later than February 21, 2010*. The cost of this retreat is \$120. Space at this camp is limited. Registration will be on a first come, first served basis. If you have any questions please see [www.berea.org](http://www.berea.org) or contact Chris Ziegler (978) 373-3034.

\_\_\_\_\_, has my permission as her/his parent or legal guardian to participate in the *Deep Freeze '10* Winter Retreat at Camp Berea sponsored by West Congregational Church from March 19-21, 2010.

I acknowledge that by participating in church-sponsored events, my child will be involved in activities off church property, taking place during both day and evening hours, requiring transportation by motorized vehicle and, involving the consumption of food. I further acknowledge that by participating in this church-sponsored event, my child may become involved in indoor and outdoor recreational and sporting events including, but not limited to, basketball, volleyball, snowboarding, tubing and/or outdoor winter activities. Accordingly, I acknowledge that participation in church-sponsored events involves certain dangers and risks, may expose my child to hazards of bodily injury, or property damage, and may result in my child being unable to contact me or unable to receive immediate medical care and assistance if injury occurs.

*In recognition of these risks and realities, and in consideration of my child being offered the opportunity to participate and benefit from this Church-sponsored event, I agree to permit my child to participate in and benefit from this Church-sponsored event, I agree on behalf of myself and my child to release, waive and disclaim any and all liabilities of, or claims against, West Congregational Church, it's officers, Leadership Council Members, supervisors, agents, servants, employees, and all private persons or organizations volunteering services without charge to transport, supervise, or chaperone my child while participating in such church-sponsored activities including, but not limited to, any or all liabilities or claims for personal injury, property damage, court costs, attorneys' fees and interests, however caused or accrued as a result of my child participating in the church-sponsored events.*

I agree that West Congregational Church, its officers, board members, supervisors, agents, events, and/or employees have the right to terminate the participation of my child in any or all church-sponsored activities for failure to behave and act in accordance with the church's regulations on conduct, for failure to follow the instructions and directions of the activity supervisor(s) and/or chaperone(s), or for any conduct of my child deemed by the church, its officers, board members, supervisors, agents, servants and/or employees, in their sole discretion, to be detrimental to or incompatible with the interest, harmony, comfort or welfare of others or the activity as a whole. I further agree to indemnify West Congregational Church, it's officers, board members, supervisors, agents, events, and/or employees for any and all damage or injury my child may cause to others as a result of his/her participation in this church-sponsored event.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

## Please provide the following information:

Health Insurance Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Primary Subscriber's Name: \_\_\_\_\_  
Emergency Contact Phone #: \_\_\_\_\_  
Primary Physician's Name: \_\_\_\_\_  
Medications / Allergies: \_\_\_\_\_