

Open Gate Christian Fellowship

Permission Slip / Medical / Liability Release Form

Childs Name: Last, First, Birthdate

Street Address City State Zip

Cell Phone Home Phone

Emergency Contact(s)

Name Phone Number

Name Phone Number

Medical Information

Allergies, including medications, bee stings, pollen, etc.

Insurance Co. including policy number, group number, and name of insured (or attach copy of insurance card)

Additional information

I, the parent and/or legal guardian of above named child, give permission for my child to participate in all church activities, including sports and church sponsored trips away from the church premises. I, the parent/guardian of above named child, hereby authorize the administration of any medical attention deemed necessary by the staff of Open Gate Christian Fellowship Church during the days my child attends the Youth Retreat, **July 18-28, 2024**. I understand that an attempt shall be made to contact me in such an event. I understand that my insurance will be used as the "primary" medical insurance for my child even though Open Gate Christian Fellowship Church does carry an emergency medical insurance for campers.

Signature of parent or legal guardian

Date

Liability Release

The undersigned hereby releases Open Gate Christian Fellowship Church, or its agents, servants, and employees from all liability for all loss or damage and any claim or demands on account of injury to the person or property of my child while participating in activities during the days my child attends the **Youth Retreat, July 18-28, 2024**. The undersigned is fully aware of the inherent hazards of a camping experience and hereby elects to participate voluntarily and assume all risks of loss, damage, or injury that may be sustained by him or her.

Signature of parent or legal guardian

Date