

Permission Slip, Waiver Form, & Medical Info for Bethany Breakaway Retreat

November 5 & 7, 2009, Faribault MN

We give our permission for our child to attend the Leadership Breakaway Retreat at the Peters' home with their fellow students & chaperones. I understand that retreat sponsors Steven & Julie Peters, Scott & Lisa Flom are willing to commit their time and efforts for the purpose of assisting these students to grow in the Lord and in leadership skills.

I understand that there will be several indoor and outdoor activities, such as singing, worship, sleeping, bonfire, and other outdoor activities and games. I realize that an event of this nature may involve risk of injury.

Therefore, I do hereby waive all claims against those named above for any injuries that my child may receive while participating at this event. Further, I further agree to hold harmless those named above from any liabilities, claims, suits, and expenses resulting from injury from my child's participation. Additionally, I understand that this retreat is not sponsored by Bethany Academy.

As a parent or guardian, I promise to do my best to pray for this retreat, both before and especially during this life-changing weekend, that God would change hearts and do a special work in each teen.

Print Name of Parent _____ Signature of of Parent _____
Father/Legal Guardian _____ date _____

Print Name of Parent _____ Signature of of Parent _____
Mother/Legal Guardian _____ date _____

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Additionally, as a Christian student and leader or future leader, I pledge to come to this retreat with an open heart, prepared to learn what God has for me, and I'll willingly participate in the appropriate activities.

Print Name of participant \_\_\_\_\_ Signature of Participant \_\_\_\_\_  
\_\_\_\_\_ date \_\_\_\_\_

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Medical Information

Please provide minimal medical information in case of emergency. Use the back of this form. I understand that I will be contacted immediately if a problem arises. I give the retreat sponsors, named above, the permission to transport my child to a medical facility and act on my behalf until I can be reached.

_____ Copy of medical card attached (please check) Signed _____
Clinic name: _____ Location _____
Doctor's name _____ Doctor's phone _____
Your email _____ Phone numbers for you: _____