

Name of Participant: _____

Liability Release Form:

I/we understand that there are inherent risks involved in any trips, and I/we hereby release Haslett Community Church, the trip leader (Rev. Erin Heisler), other chaperones and our host church, the United Church of Wayland, and Rev. Kyle Carnes, from any and all liability due to injury, loss, or damage to person or property that may occur during the course of my/our involvement with the Haslett Community Church Winter Retreat at the United Church of Wayland.

Agreement to Transport Home:

I/we the undersigned, are the parents have legal custody, or the legal guardian of the above named participant, a minor, have given our consent for him/her to attend the Haslett Community Church mission trip, or are of legal consenting age myself. I/we understand that the lead adults of our group may need to **send a participant home as a result of illness or discipline problem** (such as, but not limited to use of illegal substances and/or alcohol). I/we understand if the participant named above is dismissed from the retreat site, I/he/she will be transported home at my/our expense. Erin Heisler will contact the parent or guardian to arrange such transportation.

Medical Release Form:

I/we the undersigned, are the parents having legal custody, or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend the Haslett Community Church Winter Retreat at the United Church of Wayland or are of legal consenting age myself. In the event that I/he/she is injured while attending the trip and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize Erin Heisler, the lead adult of our group, or another adult chaperone to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of the retreat.

Participant Name: _____ Date of Birth: _____

Home Address: _____ Phone: _____

Known Allergies: _____

Current Medications/Health Concerns: *please include dosages* _____

Emergency Contact Information:

1. _____

2. _____

Home Phone: _____

Home: _____

Work Phone: _____

Work: _____

Cell Phone: _____

Cell: _____

Insurance Information:

Name of Health insurance Company: _____

Health insurance policy #: _____

Phone of health insurance company: _____

Name of policy holder: _____

Policy holder's phone number: _____

**Please attach copy of insurance card*

Participant: (print) _____

(signature) _____

(date) _____

Parent/Guardian: (print) _____

(signature) _____

(date) _____

Parent/Guardian: (print) _____

(signature) _____

(date) _____