

EVANGELICAL FREE CHURCH OF OROVILLE LIABILITY RELEASE AND CONSENT FORM

EVENT: Youth Summer Camp		DATE(5):	June 29	-July 2, 2018
Name:		Date of Birth:		
Address:	City:		_State:	Zip:
Phone: Home () Work	k <u>()</u>	_	_Cell <u>(</u>)
In Case of Emergency				
Name:		Relation: _		
Address:	City:		_State:	Zip:
Phone: Home ()	Work <u>()</u> _		_Cell()
By signing this form I have recognized that particle dangerous. Therefore I am, for myself, my he and forever discharge Evangelical Free Chu employees, acting officially or otherwise, from damage to any of my belongings, loss, sicknet cause including, but not limited to, any accide with others while on this trip). The undersign indemnify said church, its directors, employees its directors, employees, and agents, for any I willful, or intentional acts, including any expert I give permission for any of the servants of the doctor or hospital and herby authorize medical surgery or medical treatment, and assume the should it be necessary for me to return home I hereby assume all transportation or other co	eirs, executor ar arch of Oroville any and all reass, death, related and and all reases, death, related further hereles, and agents, and agents, and agents, and agents. It is executed to the executed all treatment, income responsibility of due to medical	nd/or administ, and all its of and all its of ason of injury ed expenses rence while poy agrees to for any liability do by said chertall medical reasons, dis	strator, renoffices, age of damage (a which made articipating the hold harm ty sustained urch as a left of Orovil of limited to bills, if ar	nise and releasing ents, servants, and (including property by occur from any ng individually or aless and ed by said church, result of negligent, le to take me to a premergency by. Further,
Signature:			_Date:	
Signature of parent or guardian: By signing this form, I consent for my child to Evangelical Free Church of Oroville	participate in th	e above mei	_Date: ntioned ev	ent provided by