

Liability Release Form

(To be submitted along with Registration Form for registrants to the Youth Retreat)

Participants Name: _____ Date of Birth: _____

Address: _____ Prov. _____ Postal Code _____

Phone Number Home _____ Phone Number (Work/Cell) _____

I _____ (*name*) give permission to the above named son/daughter to attend the Gethsemane Ministries Youth Retreat held at Salvation Army Jackson's Pont Conference Centre, 1890 Metro Road North, Jackson's Point, Ontario, from Saturday, March 10, 2012 to Monday, March 12, 2012. If needed for health reasons I give permission for my child to be evaluated, diagnosed, treated and or given medication in accordance with standard medical practice by licensed medical personnel. I relieve the Gethsemane Ministries of all responsibility and consequences that may arise as a result of this treatment. I will not hold the Gethsemane Ministries liable in the event of injury or other loss or claim. Further, I agree to accept any and all financial responsibility as a result of securing medical treatment or any other expenses incurred or deriving from my son / daughter's attendance of this event. I am also aware that my son /daughter may be photographed or video recorded during this event and I waive all rights to these films.

My child agrees to abide by all the rules and regulations stated by the Gethsemane Ministries for the Youth Retreat. I understand that the Gethsemane Ministries will not be held liable if my child fails to cooperate with the regulations and that any infraction of the rules may result in immediate dismissal from the retreat at my expense. I will not hold Gethsemane Ministries liable for any missing personal items.

Family Physician: _____ Phone: _____

Allergies: _____

Current Medical Conditions: _____

Medical History: _____

Health Card Number: _____

US Citizens only: Medical Insurance Provider _____

Insurance Number _____

IN CASE OF EMERGENCY PLEASE CONTACT

Contact Person #1

Name: _____ Phone Home: _____

Address: _____ (work/cell): _____

Contact Person #2

Name: _____ Phone# (home): _____

Address: _____ (work/cell): _____

Parent/Guardian Signature: _____ Date: _____

One form must be completed for each Youth Retreat participant. Thank You.