

_____ Policy Number:
 _____ Carrier:
 _____ Insurance Information:
 _____ Emergency contact and number

_____ Brief medical history including allergies or special needs:
 _____ Parent's signature
 _____ Date

_____ Student's Name
 With any necessary treatment, including x-rays and medicine.

In the event of an accident, injury or illness; and if all reasonable efforts to contact me have failed, I hereby give attending physicians or authorized medical personnel consent and permission to provide:

MEDICAL AND LIABILITY RELEASE

Name: _____
 Grade: 9 10 11 12
 Email: _____
 T-Shirt Size: Sm Med Lg XLg XXLg
 Name of a friend you'd like in your cabin: _____

Waiver and Release of Liability:
 In consideration of CFC organizing and arranging this event, I waive all rights which I may now have or may have in the future against CFC, the pastors, officers, elders, and employees. I hereby release and discharge CFC from, and agree to indemnify and hold CFC harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages and judgments, which I, my spouse, family members, children, heirs, executors, administrators, and assignees ever had, now have, or hereafter can, have resulting from or arising in connection with my travel to, attendance at or participation in CFC events. I acknowledge that certain legal rights against CFC may be available to me now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, my spouse, heirs, and I are forever relinquishing those rights against CFC or the Representatives. I acknowledge that no promises, representation, or affirmations or facts were made to me by CFC concerning the safety of the event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participation in any activity, event or outing related to, associated with or connected in any way to the event and affirm that I have read and understand the forgoing provisions of this waiver and release of liability and accept the terms of this waiver and release of liability as a condition to my attendance at the event.

I have read the above Waiver and Release of Liability and agree to its provisions. In addition, I give permission for my child to receive any Medical Treatment deemed necessary by a physician.

Parent Signature _____
 and Date _____



WHAT TO BRING:
 -Bible/pen/notebook
 -sleeping bag, sheets, and pillow
 -toiletory items
 -towels
 -flashlight
 -clothes for three days

WHERE:
 St. Simon's Island, GA
 Epworth by the Sea

WHEN:
 March 12-14, 2010
 Leave- 5 pm Return - 3 pm

COST:
 \$125 before February 20
 \$135 after February 20

DETAILS

