

Dear Parent/Guardian

On Friday, June 14, 2019 at 5:30 pm, the Territorial Drive Alliance Church Youth Group will be participating in the following event, at the following locations: 2019 Youth Retreat at Luseland Bible Camp! We will be leaving from TDAC at 5:30 pm to head to the camp for the weekend. There will be Bible Studies, camp skills, games, singing, and so forth over the course of the weekend. All meals are included, with the exception of Friday Supper.

This event is expected to end at 2:30 pm on Sunday, June 16, 2019.
Special considerations such as attire, what to bring, etc. are as follows:

BRING SUPPER ON FRIDAY OR EAT BEFORE YOU COME

See separate "what to bring" list.

I/we the undersigned have legal custody of _____, a minor (and over 12yrs), and have given our consent for him/her to attend and participate in the abovementioned event. I/we understand that there are inherent risks involved in any ministry or travel-to event, and I/we hereby release Territorial Drive Alliance Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.

In the event that my/our child is injured and requires medical attention, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician or emergency worker. It is my/our understanding that should my child require special medication, x-rays or treatment, I/we and/or the emergency contact stated below will be notified immediately. In case of surgical emergency, I hereby give permissions to the physician selected by the governing groups to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my/our child as named above.

I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health provider. 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 student named above.

Parent/Guardian Signature: _____ Date: _____
Emergency Contact Name: _____ Phone #: _____
Health Card # of Participant: _____
Allergies: _____