

# 2019 Summer Youth Retreat Event Release / Permission Slip

Pacific Southwest District of the Church of the Brethren

Dates of Event: Saturday, June 29th, 2019, Pomona, CA

*Participation Will **ONLY** Be Permitted **WHEN** Signed By Parent or Guardian*

My child, \_\_\_\_\_, has my/our permission to and is physically fit and able to participate in the PSWD Summer Youth Retreat Event; events to include walking back and forth on the Pomona Fellowship CoB Campus, playing soccer, playing in a bounce house and water slide, and other games and meals at this location.

I/We hereby grant permission to the Pacific Southwest District of the Church of the Brethren to secure the services of a doctor or hospital in case of emergency, as provided in Family Code Section 6900 et seq. without obligating the District. In consideration of my child's participation in this Youth Event, I/We hereby accept all risk related to his/her health and injury or death that may result from such participation and I expressly waive any and all claims against the Pacific Southwest District Church of the Brethren, Inc., or its representatives, on account of injury or other damages that may be incurred by his/her participation in the PSWD Summer Youth Retreat event. I further agree to indemnify and hold harmless the Pacific Southwest District of the Church of the Brethren or its representatives from liability for the injury or death of any person(s) and damage to property that may result from my child's negligent or intentional act or omission while participating in the District Summer Youth Retreat Event.

Additional information, special needs / circumstances: \_\_\_\_\_

\_\_\_\_\_  
Parent(s) Signature(s)

\_\_\_\_\_  
Date

=====

## Youth Covenant

It is understood .....

- We all want to have a good time at this event and leadership will be supervising youth at all times.
- While attending, I agree to participate with others in all planned activities, and to cooperate with leadership.
- It is expected that cell phones will only be used for emergencies. Please plan on "powering down" for the duration of the event.
- If you plan on driving yourself, please plan on keeping your car parked until the event has finalized.

As a participating Youth, I agree to abide by this covenant:

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

**Pacific Southwest District of the Church of the Brethren**  
**HEALTH HISTORY, MEDICAL CONSENT & PARTICIPATION FORM EVENT:**  
PSWD Summer Youth Retreat Event at Pomona Fellowship CoB 875 W Orange Grove Ave,  
Pomona, CA 91768 Saturday, June 29th, 2019

Youth's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex (circle one): M / F  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Family Physician: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Please list any conditions (allergies, headaches, heart, respiratory, sinus behavioral, etc.), or limitations that may affect youth's participation in activities.  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any medications youth will be taking during event:**

Medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_ Medicine: \_\_\_\_\_  
\_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_ Medicine: \_\_\_\_\_  
\_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

**In case of an emergency, please contact:**

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
  
Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Consent for Medical Treatment:**

I/We hereby grant permission to the Pacific Southwest District of the Church of the Brethren to secure the services of a doctor or hospital in case of emergency, as provided in Family Code Section 6900 et seq. without obligating the District. I/We consent and assume responsibility for the participation in the event described at the top of this form and expressly waive any and all claims against the Pacific Southwest District Church of the Brethren, Inc., or its representatives, on account of injury or other damages that may be incurred to this participant or their property:

Parent/Guardian Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*Both parent or legal guardian signatures required if youth is under 18 yrs of age*