

PARENTAL RELEASE FORM

I, the undersigned, as parent/legal guardian for my son/daughter, hereby give permission for said son/daughter to participate in all activities of the St. John the Wonderworker summer retreat. I agree to hold St. John the Wonderworker Church and St. Paisius Missionary School, and their employees, directors, officers, agents and volunteers harmless from any claims, damages, losses and/or expenses arising out of participation in camp activities and to assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in such retreat activities. Signature of this agreement also warrants that participation in this retreat is voluntary and that the undersigned understands that there are inherent risks in the camps activities.

It is my understanding that in the event my child, a minor, becomes ill or sustains an injury while at the retreat, an attempt will be made to contact me immediately. If the undersigned is not available for consultation, and/or in the event an emergency requiring immediate medical attention, I authorize retreat staff to obtain any necessary medical treatment deemed necessary for my child.

I understand that the above mentioned entities do not provide medical insurance coverage for my child and that any medical expenses incurred will be paid by either my own medical insurance or me.

Child's name(s): _____

Parent's Name: _____

Signature: _____

Phone # : H)_____ W)_____ Cell)_____

Insurance Company: _____

Policy #: _____

Date signed: _____