

LIABILITY RELEASE FORM

Names _____
Children's Names _____
Address _____ Phone _____
City _____ State _____ Zip code _____
Emergency Contact and phone _____

In consideration for being accepted by **Holy Trinity Greek Orthodox Cathedral** for participation in the **NW GOYA Lenten Retreat 2014 at Canby Grove Retreat Center**, we, being 21 years of age or older, do for ourselves and for and on behalf of my child-participant, do hereby release, forever discharge and agree to hold harmless **Holy Trinity Greek Orthodox Cathedral**, the directors, volunteers and staff thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in activities involved therein.

I am the parent of this participant, and hereby grant my permission for him/her to participate fully in said trip and hereby give my permission to take said participant to a doctor or hospital and hereby authorise medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills if any.

MEDICAL INFORMATION

Health Insurance Company: _____

Policy Number: _____ Primary Physician: _____

Primary Physician Phone: _____

Allergies, Medications, or Special Needs: _____

GOYAN Signature: _____ Date: _____

Parent Signature: _____ Date: _____