

College & Career Retreat | Consent Release Form

Participant Name:

LAST FIRST MIDDLE INITIAL
Birthday ____/____/____ Age _____ Sex _____

Home Address:

STREET ADDRESS CITY STATE ZIP
Phone (____) _____ Cell Phone (____) _____

Emergency Contact

Name _____
LAST FIRST MIDDLE INITIAL
Relation to Participant: _____ Phone (____) _____

Medical Information

Any Allergies or other medication? _____

Name of Physician _____ Phone (____) _____
LAST FIRST

Address _____
STREET ADDRESS CITY STATE ZIP

Medical Insurance Company _____

Policy Number/Group Number _____

Address _____
STREET ADDRESS CITY STATE ZIP

Release of Liability:

In consideration of being accepted by THE PACK YOUTH for participation at **our COLLEGE & CAREER RETREAT, March 13-14, 2020** we (I), being 18 years of age or older do for ourselves (myself, and for and on behalf of my child - participant) do hereby release, forever discharge, and agree to hold harmless THE PACK YOUTH and the directors 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 and the child - participant that occurred while said child is participating in the above described trip or activity. Furthermore, we (I) and on behalf of our (my) child - participant, hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. Furthermore, authorization and permission is hereby given to said organization to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agrees to hold harmless and indemnify said organization, its Directors, employees and agents for any liability sustained by such organization as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Authorization for Treatment:

We (I) are the parent(s) / legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip and hereby give our (my) permission to said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Name of Parent/Guardian(if under 18 years of age) _____

Signature of Parent/Guardian(if under 18 years of age) _____

Date _____