

ST JOHNS RICHMOND YOUTH OVERNIGHT REGISTRATION FORM

NAME OF CHILD:

EMERGENCY CONTACT & PHONE NUMBER:

Any food allergies?

Any medical conditions we need to know about?

Waiver and Release of Liability

Name of child:_____

Medical Healthcare Number (CONFIDENTIAL) _____

In consideration of my son/daughter being permitted to participate in the St. John's Richmond Youth Overnight on _____. I agree to release and forever discharge St. John's Richmond Anglican Church and its youth directors and volunteer leaders, from and against all claims, actions, costs, expenses and demands by reason

of any damage, loss, death or injury to my son/daughter or their property, howsoever caused, arising out of or

in connection with his/her participation in the retreat, with the understanding that every reasonable precaution

will be taken to safeguard the health and safety of participants. I authorize the employed and volunteer leaders

to approve and obtain any and all medical attention deemed necessary for the welfare of my son/daughter,

when ordered by a professional medical person, with the understanding that all reasonable attempts shall be

made to consult with parents/legal guardians beforehand, except in the case of a minor injury.

I have read this release of Liability and accept its terms, and in witness whereof, I have hereunder set my

hand, this _____ day of _____, 2010.

Please Print Name _____

Signature of Parent/Guardian_____