

# Parental Permission and Release Form

*Pleasant View Church*

Event/Activity: Summer Retreat 2017

Date: 6/28/2017 – 7/2/2017

Participant's Name

1. \_\_\_\_\_

Medical Issues: \_\_\_\_\_

2. \_\_\_\_\_

Medical Issues: \_\_\_\_\_

3. \_\_\_\_\_

Medical Issues: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

- **I give permission for my child(ren) to participate in the above mentioned event/activity, and I voluntarily waive and release Pleasant View Church of the Brethren, 10384 Winterstown Road, Red Lion, PA, its leaders and its members from any claim due to personal injury or damage during any time associated with this event/activity.**
- **I give permission for my child(ren) to be transported to and from this event/activity, if necessary, and release Pleasant View Church of the Brethren from responsibility and liability for any injury or illness that my child(ren) may sustain during transportation.**
- **I give permission for my child(ren) to receive emergency medical treatment, if necessary.**

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*Signature of Parent/Guardian*

*Date*