

Event Release Form
Clemmons Presbyterian Church GOOTH

Permission, Medical and Liability Release Statement

- I give my permission for _____ to participate in the _____
(name)
Montreat Youth Conference at Montreat Conference Center, Montreat, NC on _____
(event) *(location)*
July 26 – August 1, 2015 with Clemmons Presbyterian Church Youth Ministry.
(date)
- I understand that this activity may involve risk of personal injury and/or property damage, or loss of person or property. And, I hereby waive and release all claims or rights against Clemmons Presbyterian Church, its staff, officers, adult advisors, chaperones, volunteers, and all owners of equipment which may be used in this event for any and all injury, damage or loss of person or property incurred during this event.
- I understand that all participants are expected to conduct themselves in an appropriate manner and to obey the adult leaders chaperones.
- I understand that I will be contacted as soon as possible concerning any medical or behavioral problem with my youth.
- I understand that I am to promptly remove my youth from activities if the adult leaders and chaperones find it necessary to send him/her home. This will be done at my expense and inconvenience.
- I give my permission for, and will accept financial responsibility for, the adult leaders and chaperones to act in my behalf in the event of a medical emergency for my son/daughter.

Parent/Guardian signature

Date

READ AND INITIAL ALL THREE PLEASE:

- _____ I understand that I do not need to complete a Medical Information Form & Covenant Form (provided by Montreat in the Spring) at this time and will complete the required forms before May 17, 2015.
- _____ I understand that I may cancel my son's/daughter's registration and request a PARTIAL refund (less \$50) **before March 15, 2015**. After March 15, I understand that a refund request will include a forfeiture of \$100.
- _____ **After May 24**, I understand that a cancellation will result in the loss of my \$200 payment.

INITIAL ONE:

- _____ I would like to pay the total cost for my son/daughter to attend Montreat and have enclosed a check in the amount of \$200.
- _____ At this time, I would like to pay a portion of the total cost for my son/daughter to attend Montreat and have enclosed a check in the amount of \$_____ as a deposit for my son/daughter. I will pay the balance by **February 25, 2015**.

Parent Contact Info:

Parent or Guardian Name(s) _____

Address _____

Phone # (home) _____ (work) _____

Phone # (cell) _____ email _____

Alternate Emergency Contact Info (when parents not available):

Name(s) _____

Address _____

Phone # (home) _____ (work) _____

Relationship _____ (cell) _____