

Activity Participation Form Medical and Liability Release

The undersigned: _____
(Parent/Legal Guardian)

Who reside at: _____
(Address)

And is the Parent or Guardian of _____,
(name of child)

agree that:

1. The above named child has my permission to participate in all activities during the trip to France, England and Spain 2013 with EFT tours and Mike Fultz.
2. I agree to release EFT tours and Mike Fultz and its representatives from any claim for personal injury or damages resulting from my child's participation in the activities associated with the Europe trip.
3. I understand the activity and give my permission for my child's participation.
4. The above named child is covered by medial/liability insurance.
5. As the parent or legal guardian of the above named child, I am authorized to sign this permission form.

I HAVE READ AND UNDERSTAND THIS PERMISSION FORM AND UNDERSTAND THAT EFT tours and Mike Fultz ARE RELEASED FROM LIABILITY AS A RESULT OF ANY INJURY OR DAMAGES FROM MY CHILD'S PARTICIPATION IN EUROPE. I ALSO UNDERSTAND THAT IN THE EVENT OF EMERGENCY OR MEDICAL NEED, I HAVE GIVEN MY PERMISSION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT BY THE BEST MEANS AVAILABLE.

(Parent or Guardian Name – Please Print Legibly)

(Parent or Guardian Signature)

(Date)

STATE OF WASHINGTON
COUNTY OF KITSAP