

**River of Life (July 8-12, 2009)**  
**Form and deposit due March 29. Deposit is \$30. Balance due June 21.**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent(s)' Names: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

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

Medical History: \_\_\_\_\_

Insurance Information:

Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

As parent/ legal guardian of \_\_\_\_\_, I have reviewed the information about the youth ministry retreat and give my permission for the subject of this release to be involved in the overall activities of the mission trip for Bethlehem United Methodist's youth program. This retreat will be held in conjunction with other youth programs on July 8-12, 2009 in Dallas, GA. I understand that these activities include swimming and general recreation. My child also has permission to be assigned to a work team that may paint, roof, build and repair porches, and perform other home repairs and improvements, unless I request otherwise. I understand that all reasonable safety precautions will be taken at all times by Bethlehem United Methodist Church and its agents during the events and activities. I understand that the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Bethlehem United Methodist, River of Life, their directors, their leaders, their employees and their volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I understand that all of Bethlehem's agents will do the best to make the trip an enjoyable one for my child. As a result, I grant the agents of Bethlehem United Methodist permission to handle any discipline problems with appropriate measures that do not include striking or belittling my child. Should my child fail to comply with the rules, or fails to participate in such a manner that it takes away from the rest of the retreat then I understand that I might be called upon to come and get my child or reimburse the church for the trip home.

I consent to the use of any video images, photographs, audio recordings or any other audio or visual reproduction that may be taken of the subject of this release during the retreat to be used, distributed or shown as Bethlehem United Methodist Church and/or River of Life see fit.

I understand that in the event that medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. In the event that I cannot be reached in an emergency during the activity dates shown on this form, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia or surgery for my child as deemed necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_