

SUNCREST FAMILY WORSHIP CENTER

Medical/Permission and Release Form

I give permission for _____

to attend WINTER CAMP: JANUARY 19-21 2018 - SILVER LAKE BIBLE CAMP

Emergency contact _____ Phone _____

Allergies or medical conditions:

My permission is granted for SUNCREST FAMILY WORSHIP CENTER staff member or sponsor in charge of the event to obtain necessary medical attention in case of sickness or injury for _____
(Participant's Name).

I/We, the undersigned, do hereby release, and forever discharge all sponsors and SUNCREST FAMILY WORSHIP CENTER from any and all claims, demands, actions or cause of actions, past, present or future arising out of any damage or injury while participating in the event. We further accept financial and physical responsibility for the return of child, should the adult supervision find it necessary to send him/her/them home (as applicable).

Signature of Parent/Guardian: _____ Date: _____

Print _____