



REGIONAL ASSEMBLY YOUTH MISSIONS CONSENT FORM

Event Name: Regional Assembly Youth Missions

Event Date: November 15, 2008

Location: _____

Drop off time: _____ Pick-up time: _____ Cost: _____

Check all that apply:

- I understand in the event of an emergency and medical treatment is needed; every attempt will be made to contact me. If I cannot be reached, I hereby give my permission to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as needed.
- I understand *my* insurance will be used as primary coverage in the event medical treatment is needed.
- I consent to the use of any video images, photographs, audio recordings, or any other Visual or audio reproduction that may be taken of my child during the event to be used, distributed, or shown as the CCIW sees fit.
- I understand all reasonable safety precautions will be taken by the CCIW and its agents during the event and/or activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree *not* to hold the CCIW, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.
- I hereby give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while attending and participating in this event and/or activities sponsored by the CCIW

I have read the above and agree to its terms and conditions. Furthermore, should it be necessary for my child to return home due to medical, disciplinary, or otherwise, I hereby assume all transportation costs.

Child's name: _____

Print Parent/Guardian's Name: _____

Emergency phone: Cell: _____ Home: _____ Work: _____

Medical Insurance: Yes No

Insurance Company: _____ Policy Number: _____

Physician Name: _____ Physician's phone: _____

List any allergies or medical conditions that may be relevant to a physician in the event of a medical emergency:

Parent/Guardian Signature: _____ Date: _____