

**Permission Form to participate in the:
High School Winter Retreat
January 8th-10th, 2010
Son Lodge, Mt. Hood Oregon**

Name: _____ Age: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Parents/Guardian Name: _____
Parent(s) Phone: _____ Cell Phone: _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in the High School Winter Retreat, January 8th-10th, 2010

We (I) give permission for a staff member or volunteer of one of Oak Hills Church, in whose care the minor has been entrusted, to authorize emergency medical treatment for our (my) child in the event of an unexpected illness or injury. We (I) do this understanding that every reasonable attempt will be made to contact us (me) in the case of such an emergency. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical services rendered to the aforementioned youth pursuant to this authorization.

The undersigned also agree(s) to hold the owners or personnel of the facilities used, the Oak Hills Church, staff members, volunteers, or participants harmless from any and all injury, loss, cost, expenses and liability (including reasonable attorney's fees) in connection with any claim or asserted claim due to participation or in any way related to the activities engaged in by the aforementioned youth.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the aforementioned event and special activities sponsored by Oak Hills Church.

Insurance Company: _____

Policy Number: _____

Emergency Phone: _____

Parent or Legal Guardian name (please print): _____
(as shown on your insurance card)

Parent / Guardian Signature: _____ Date: _____

Alternate Emergency Contact:
Name: _____ Phone: _____

Students will be traveling by cars or vans driven by the Youth Pastor and/or volunteer staff. All drivers will be over 25 years of age.

Please describe any medical conditions/issues (drug/food allergies, medications) for this child below or on the back of this paper.