

Medical Treatment Authorization
And Liability Release

I, the undersigned parent or guardian, or for myself, do hereby grant permission for my child or myself

(Name)

to participate in all the activities here at **LOCUST SPRINGS CHRISTIAN RETREAT CENTER.**

I agree to accept responsibility for payment of any medical cost which may arise as a result of the trip as it relates to my child or myself while at Locust Springs Christian Retreat Center.

I also understand that the Locust Springs Christian Retreat Center, the First Church of God and its representatives **HARMLESS** in this matter.

I also give permission of the adult chaperones to seek emergency treatment for my child _____(name) as it is deemed necessary by a Physician.

I have read and understand **ALL** the above Medical Treatment Authorization and Liability Release.

Signature of Parent, Guardian or self (being over the age of 18)

DATE _____

This form is signed and good until December 31, 2012