



Abba's House General Release Form - Minor

I hereby give my permission for _____ to attend the Breakaway Beach Camp in Fort Walton Beach, FL. This release is specifically for Wednesday through Sunday, June 24-28, 2020. I agree to hold harmless the church and its representatives or sponsors from liability for accidents or injuries that might occur as a result of this activity.

I further authorize one of the adult sponsors or chaperones to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as a parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital or other medical center without the necessity of notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services. I/we will also accept the expense of any emergency or surgical treatment.

I give permission for my child to ride in a church-owned, church-chartered or chaperone-driven vehicle, and will hold harmless the church and its representatives of any and all liability of whatever nature may arise from participating in this event.

I further understand and agree that in the event that the above named son/daughter be involved in activities or actions which go against the ideals and purpose of this activity, or are in continued violation of set rules, I will pay his/her expenses to be sent home immediately at the discretion of the sponsors.

I also give my permission for photos, videos or audio of my son/daughter to be used for promotional purposes by Abba's House. This includes, but is not limited to, website and print publications.

Parent or Guardian _____ Date: _____
Home Address _____ City _____
Zip Code _____ Child Birthdate _____

In Case of Emergency, please contact:

Parent or Guardian _____ Phone # _____
Doctor _____ Phone # _____
Friend or Relative _____ Phone # _____

List of known food/drug allergies _____

Medication taken regularly _____

Family Medical Insurance Co. _____

Policy or Group Number _____ Phone # _____

I am this minor's guardian. I hereby agree to and understand all information listed on this form.

Parent/Guardian signature _____ Date _____

Minor's signature _____ Date _____