

Guys Retreat 2017

Friday, June 2nd - Sunday June 4th

Camp Edge

Camp Edge Road, Alloway NJ

Cost: \$100 (Due May 17th)

Name: _____ Age: _____ Birth date: _____

Address: _____ Phone No.:(____) _____

City/State/Zip: _____

Give at least two names and phone numbers of people to contact in case of an emergency:

Name: _____ Relationship to child _____

Phone No.:(____) _____

Name: _____ Relationship to child _____

Phone No.:(____) _____

Parents/ or Guardian Name: _____

Phone No.:(____) _____ Email Address: _____

Special Needs/Allergies/Potential Health Problems/comments:

I agree to have my child participate in the following program or event: **Guys Retreat**. This event will take place at **Camp Edge, Alloway NJ** on **June 2nd-4th**.

Release/Disclaimer

I do hereby assume full responsibility for any and all damage, injuries (including death), or losses that my child may sustain or incur, if any, while attending, practicing, participating, or witnessing in any program, sport or physical activity occurring in or about the **Camp Edge** premises or at any off site location. I hereby assume full risk, waive all claims and release and hold **Sharptown United Methodist Church**, its instructors or partners of said program or event, individually or otherwise, harmless of any and all claims for injuries or damages.

I am fully aware and understand that **Sharptown United Methodist Church** does not have on or about the **Camp Edge** premises or employ or contract with any medical services, provision for ordinary or emergency medical services.

In consideration of my child's participating in and the use of the **Camp Edge** facilities, I hereby release and covenant not to sue **Sharptown United Methodist Church**, its owners, shareholders, directors, officers, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event sponsored by **Sharptown United Methodist Church**

I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions 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.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Sharptown United Methodist Church.

Hospital Insurance Yes _____ No _____

Insurance company: _____ Policy number: _____

Physician's name: _____ Phone no.: (____) _____

I Have read and fully understand the above Release/Waiver and fully understand that I have given up substantial rights by signing this waiver voluntarily.

I do hereby give permission for (my) child _____,

to attend and participate in activities sponsored by Sharptown United Methodist Church.

Signature: Parent/Guardian: _____

Date: _____