

Liability Waiver – Permission & Consent
CID Jr-Hi Lock-In, Illinois Wesleyan University, November 13-14, 2009

Participant: _____

Address: _____

City/State/Zip _____ T-Shirt Size _____

Phone: _____ E-mail _____

Gender: M or F Grade: 6 7 8 9 Birthdate: _____

Church: _____ City: _____

I/We do hereby give my/our consent and permission for our child, named above, to participate in the event named above, which is a part of the Youth Ministry program of the Central Illinois District. As part of granting permission to participate in the event I also empower any of the adult chaperones and advisors participating in this event on behalf of the CID Lock-In Committee to execute any and all documents necessary to seek emergency medical treatment on behalf of the child. I/We do further agree to be financially responsible for the cost of any such medical treatment and will not hold Central Illinois District or its agents in any way liable or responsible for such costs or other damages in respect to the event.

Medical information that attending physicians and other staff should be aware of:

(Please include any treatment or prescriptions currently being used, and any known allergies)

In the event of any disciplinary problems involving my child, I also authorize the adult chaperones/advisors to take whatever steps they deem necessary to correct the situation, up to and including sending my child home at my expense. (NOTE: In the event that a youth is to be sent home includes, but are not limited to, the possession or use of tobacco products, alcohol, or other drugs, stealing, destruction of property, sexual misconduct or excessively disruptive behavior.)

Parent's/Guardian's Signature: _____

Work Phone: _____ Emergency Phone: _____

Medical Insurance Carrier: _____

Policy #: _____ ID _____