

# STUDENT RETREAT ACTIVITY WAIVER/EMERGENCY CONTACT

The undersigned parent/legal guardian hereby gives permission to Connect Church of Algiers, for my child (insert child's name) \_\_\_\_\_ to take part in the Student Retreat October 20-21, 2023.

Should my child require immediate or emergency medical care while engaged in an activity sponsored by Connect Church, in my absence, I hereby grant Connect Church authority to release my child for medical treatment to such medical personnel as Connect Church determines appropriate under the circumstances.

**In consideration for the privilege of allowing my child to participate in the above-named activity, I agree to release and hold harmless Connect Church, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to the above-identified child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by Connect Church. Further, I agree to indemnify and hold harmless Connect Church, its officers and agents with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness, or damage.**

Child (ren)'s Allergies:

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**PLEASE READ CAREFULLY, THIS PERMISSION SLIP IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE OF LIABILITY AND INDEMNIFICATION**

\_\_\_\_\_  
Date Signature of Parent or Legal Guardian  
Telephone number(s): Home: (     )  
Work: (     )

Emergency Contact: \_\_\_\_\_ Emergency Number: (     )

Special instructions or medical conditions:

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**The above signed parent or legal guardian has the following form of health/accident insurance covering the child:**

\_\_\_\_\_  
Company Member Number