Queens Taiwanese Evangelical Church Retreat

Parent/Guardian Consent Form and Liability Waiver

Participant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name)

Male / Female Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone (\_\_\_)\_\_\_\_-\_\_\_\_\_\_\_Work(\_\_\_)\_\_\_\_-\_\_\_\_\_\_\_Ext.\_\_\_\_\_\_\_\_

**Name of Parent/Guardian**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name)

In case of an emergency notify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #1(\_\_\_)\_\_\_\_-\_\_\_\_\_\_\_ Phone #2 (\_\_\_)\_\_\_\_-\_\_\_\_\_\_\_

**Medical Information: *Please Print***

1.) Does your child have any medical and/or food allergies?

• No • Yes, Please list allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2.) Does your child have medication of any type, which they will be bringing with them?

• No • Yes, Please list medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3.) Is there any other physical or emotional condition of which we need to be aware?

• No • Yes, Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4.) Any other comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **1** | **Please turn over and Sign the Back** |  |
|  |  |

Youth Contract:

I, [Participant named above], agree to abide by all rules established by Queens Taiwanese Evangelical Church leadership and volunteers. I agree to make an effort to have a good time and participate with the group in all group events.

**Youth/Participant Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian Wavier :

I, [Parent/Guardian named above] grant permission for my child [Participant named above] to participate in this event. I understand that this event will take place under the guidance and direction of Church employees and/or volunteers from Queens Taiwanese Evangelical Church. I also give Queens Taiwanese Evangelical Church leadership permission to administer basic First Aid or provide emergency care as needed.

***Event:***

Queens Taiwanese Evangelical Church retreat 2015

***Description:***

Sermons and group discussions.

***Location:***

DeSales University @ 2755 Station Avenue • Center Valley, PA 18034

***Date:***

 6:30 pm 10th July - 1:00pm 12th July

As Parent/legal guardian, I remain legally responsible for any personal action taken by my child. I agree to ***not*** hold Queens Taiwanese Evangelical Church, as well as its officers, directors, agents, or other representative legally liable associated with this event, arising from or in connection with my child attending this event, or including but not limited to accidents, emergencies, and exposure to reckless conduct of persons.

**Parent/Guardian Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2**