

# 2010 Big Creek Missions Permission & Release

**Form Instructions:** Each participant (adult & student) needs TWO copies of this form (each w/ copy of insurance card)

**Group Leaders:** Please bring both copies of this form with you to Big Creek, alphabetized by last name. Thank you!

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ T-shirt size: XS S M L XL XXL

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

City/ State/Zip: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Church: \_\_\_\_\_ Group Leader: \_\_\_\_\_

Email: \_\_\_\_\_

## **MEDICAL INFORMATION:** (please attach copy of insurance card)

Allergies: \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_ (we highly recommend this be up to date)

Presently on Medications? \_\_\_\_\_

Participant can take (circle all that apply): (ibuprofen) (pain relievers) (cold medicines)

Other information about the participant: \_\_\_\_\_

## **Contact in case of emergency:**

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Permission:** My student has permission to attend the Big Creek Mission Trip in 2010. Participants noted above have read and understand the expectations and policies of the mission center, available at [www.bigcreekmissions.com](http://www.bigcreekmissions.com). These are given to protect participants and create a pleasant atmosphere so all will have an enjoyable time. Those who choose to bend, test, or break rules may lose certain privileges or be sent home at their own expense. I also understand that as a participant, I / my child may be photographed or videotaped during normal camp or event activities and photos/videos may be used in promotional materials.

**Release:** My permission is granted for the mission center director, church official, any camp or event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to me / my child. In addition, I give any adult sponsor, authorized by Big Creek Missions, permission to sign as guardian if any serious medical emergency occurs. If no adult sponsor is available, any medical professional shall have my permission to administer medical attention that this attendee needs. I hereby release, remise, and forever discharge Big Creek Missions and all sponsors from any and all claims, demands, actions, or cause of action- past, present, or future- arising out of any damage or injury while participating in this event. (Participants under 18 requires Parent/Legal Guardian's signature)

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_