Liability Release Form
Student Leader Retreat

VALLEYCHRISTIAN

T4 Youth Ministries
7500 Inspiration Drive
Dublin, CA 94568
925.560.6202

Name: _____ **Grade:** _____ **Age:** _____

Student's Cell #: _____

Street Address: _____

City:_____ **Zip code:** _____

Guest: (Yes/No) Invited By: _____

I, the undersigned parent/guardian of_____ give my permission for him/her to attend activities and services with Valley Christian Center. I understand staff personal of the church, or other qualified persons; will supervise such activities and services. I understand such activities and services may involve transportation in vehicles owned and operated by volunteer adult youth workers and/or vehicles rented by the church for this activity.

- I understand that Valley Christian Center provides liability insurance coverage for all church activities. This insurance is secondary to my own insurance coverage, which is agreed to as being primary. In the event of injury to a non-insured participant and in the event of a claim against the insurance carrier for the church, I agree to assume full financial responsibility for all such related costs. I hereby release the church of all responsibility for damage or loss of personal goods and belongings.
- I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or adult youth worker to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being.

Signature of Parent/Guardian:_____**Date:**_____

EMERGENCY CONTACT INFORMATION

1st Contact Person: _____ **Phone #:** _____

2nd Contact Person: _____ **Phone #:** _____

MEDICAL INFORMATION: (*Please Fill Out Completely*)

Insurance Company: _____ **Policy #:** _____
Physician's Name: _____ **Phone #:** _____
Allergies: _____
Physical Limitations: _____
Medications (*include directions*): _____

To be completed by Activity Planner:
Name of Activity: Student Leader Retreat **Location:** Morgan Hill Thousand Trails campgrounds
Date & Times: Leave 9/30 @ 3:30pm , Return 10/2 around 8:00pm **Transportation:** Car/Van **Cost:** None
Included: Registration, Lodging, Transportation, Food **Not Included:** N/A