



Release Form

I, _____ as the parent/guardian am hereby giving permission for my child _____ to go to the IEDJ Youth Retreat “Remnant of God”, that will take place at America’s Keswick on June 24-26, 2021.

AUTHORIZATION:

I consider the above name participant to be in good health, and permission is granted to participate in all camp activities, unless otherwise indicated on this record. In case of illness and or injury, permission is granted for medical treatment to be rendered to my child/me.

WAIVER AND RELEASE:

I do hereby waive, release and discharge Iglesia Evangélica Discípulos de Jesucristo and respective staff from injuries to my child’s person/myself or property which may be sustained or suffered by in connection with his/her/my association with or participation in or arising out of my traveling to or from America’s Keswick. We/I, the parents or guardian, agree to the above waiver and release:

Parent or Guardian’s Signature (those 18 years or older may sign for themselves)

Insurance Company’s Name

Policy Holder’s Name

Policy Number

List any allergies to medications: _____

List any pertinent medical info (diabetic, surgery, allergy...)

Family Doctor

Doctor’s Phone Number

Emergency Contact

Phone Number

Parent’s/Guardian’s Home Number

Work Number

***All applicants must submit a photocopy of the front and back of insurance medical card.**