GOOD SHEPHERD LUTHERAN CHURCH
183 West Main Street, Westborough, Massachusetts 01581

This form must be on file for your youth to participate.

Authorization

I the undersigned, as parent or legal guardian of _____
hereby permit my daughter/son to participate in a trip to _____in
_____, on _____. The group will depart from Good Shepherd Church
at _____(please be prompt) and return later that day at about _____ PM. The Group will be
_____
_____
.
I also authorize the available adult leadership to make any decisions concerning the safety and well-being of my daughter/son; and to perform and/or authorize medical personnel to perform any medical treatment on my daughter/son which may be necessary due to an accident or emergency which may occur in the event of an emergency, or if I cannot be contacted as indicated below.

Event Permission Form

I recognize that there are a variety of activities that will take place. I acknowledge that although the Event Officials have taken reasonable safety precautions, they cannot ensure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries.

I further recognize and understand the importance of knowing and abiding by the event's rules, regulations and procedures for the safety of Good Shepherd Youth Retreat (Event) participants. If I am signing this form as the parent of legal guardian of a participant, I acknowledge having instructed my child in the importance of knowing and abiding by the event's rules, regulations and procedures for the safety of Good Shepherd Youth Retreat (Event) participants.

My signature indicates that I understand the above statement and that I hereby give permission to the medical personnel selected by my church's youth leader or their representatives to order X-rays, routine tests, treatments; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event that I am unable to be reached in an emergency, I hereby give permission to the physician selected by my church's youth leader to secure and administer treatment, including hospitalization of my child, or me if I am the injured person.

During the Good Shepherd Youth Retreat (Event), group and individual photographs or electronic images may be taken and displayed as part of the program. I grant permission for photos or electronic images of me or my child to be taken and used in this manner. I understand that photos or electronic images of me or my child may appear on the Good Shepherd web site or in other forms, and may be used in promotional materials for Good Shepherd.

Name of Participant (Please Print):_____ Date:_____

Signature of Participant:_____

(If participant is under 18 years of age)
Name of Parent/Guardian (Please Print):_____ Date:_____

Signature of Parent/Guardian:_____

Telephone numbers at which I may be reached in the event of an emergency.
Phone 1: ( ) Phone 2: ( )

Medical Release Form information on file is current _____ (please initial)
(If not, please supply new Medical Release Form. Thank you.)

I have included important medical information on the reverse side of this form.