

Parental Consent, Medical Authorization & Release Form

The undersigned hereby consent to & authorize minor child named above to participate in all events conducted by Highlands Church (the "Church"). We further authorize minor child to travel with representatives of the Church in private or other vehicles to any such events so conducted.

If a parent, family physician, or dentist cannot be contacted promptly, and a medical or dental emergency has been determined to exist, the undersigned parent or guardian of the minor child named above hereby authorizes any representatives of the Church for and on behalf of the undersigned, to consent to any x-ray, anesthetic, medical, surgical or dental diagnosis of treatment and any hospital care deemed advisable and rendered by any licensed physician, or surgeon, ENT, nurse, or dentist, whether in his/her office or in any licensed hospital or health care facility. This authorization is given in advance of any such required care for purposes of empowering any such representative or official of the Church to give the above described consent for any such medical, or dental, as he/she may deem advisable. We hereby agree to pay any and all reasonable charges incurred as a result of any such medical or dental treatment and to hold the Church and it's representatives and officials harmless therefrom.

The undersigned hereby release the Church and its authorized representatives and officials of and from any and all liability to the undersigned, or tour minor child, arising out of or in connection with activities related to the Church, or any travel connected therewith, except for such liability as may arise from the gross negligence or willful misconduct on the part of the Church or its representatives or officials.

To the extent that any applicable law prevents or prohibits the undersigners' release of the Church from any liability to our minor child as set forth herein, we hereby agree to indemnify and hold harmless the Church and its representatives and officials of and from any such liability as may be imposed upon any of them.

Note: This consent must be signed by both parents unless one parent has legal custody of the minor child pursuant to a valid court order. In that event, please insert the phrase "legal custody" beneath your signature.

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

Street _____ **City** _____ **St** _____ **Zip** _____

Students Email _____

Home Phone _____ **Parent Cell** _____

Staff Person _____

Friend that you came with _____

Parent / Guardian _____ **day phone** _____ **date** _____

Parent / Guardian Signature required _____ **date** _____

Insurance Company _____ **Policy #** _____

Parent Information: Keep this in case of an emergency...
High School _____ **Kevin Yule** **602-320-8705**

What to Bring: Sleeping Bag, Appropriate Bathing Suit, Sleeping Pad (if desired), Sun Block, Towles 2-3, Sun Block, Bible, \$ for 5 meals (apx \$45), Sun Block, Toiletries, Sun Block, Flashlight

What NOT to Bring: Drugs, Alcohol, Weapons, Hopes of finding a Future Spouse!!!

BE AT HIGHLANDS CHURCH AT 9:30am ON THE 1st. We will be back at 11:30pm on 5th!