



PACIFIC CHURCH NETWORK YOUTH RETREAT RELEASE FORM

(Every student, leader, and chaperone must turn in this completed form to PCN at check-in. Thank you!)

I'm completing this form for (check one)

Myself **My child under 18 years**

Attendee Name _____

Age _____

Gender: **Male** **Female**

Phone: () _____

Email: _____

Address: _____

Church Name: _____

Church City: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: () _____

Relationship to Emergency Contact: _____

I agree to the terms and conditions*.

Self/Parent/Guardian (print name): _____

Signature: _____

Date: _____

***Terms and conditions**

AUTHORIZATION FOR HEALTH CARE

The following legal text is written in English for legal purposes. By signing this form I understand that it is my responsibility to make arrangements for myself/attendee for all health care needs. I authorize Forest Home, Inc.

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and PCN staff or volunteers to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Forest Home, Inc., or Pacific Church Network employees or volunteers, to secure and administer any and all medical treatment deemed necessary for myself/my attendee, including hospitalization.

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS INVOLVED

I have personally inspected Forest Home or, waived my right to do so and realize the risks involved in participation in camp activities. I realize that Forest Home is not generally advised for use by those with special needs, the disabled or those with needs related to walking on their own such as with crutches or wheelchair, that there are risks and dangers involved in such activities and that unanticipated and unexpected dangers may arise during such activities.

I have requested Forest Home, Inc. and Pacific Church Network to allow myself/my attendee to participate in any and all activities that may include but are not limited to those outlined in the camp promotional materials and/or media. As a condition of receiving this benefit, I do hereby agree to the following: I understand that myself/my attendee's participation in these activities can expose myself/him/her to dangers both from known and unanticipated risks.

I am willing to assume said risk of injury and/or complication of existing medical conditions to my person, my property, (or those of my attendee) that may be sustained on the occasion of the camp experience I (or my attendee) shall attend. I am aware that Advanced Life Support teams, should they be needed, are up to twenty minutes away from Forest Home property.

RELEASE OF RESPONSIBILITY

Acknowledging that such risks exist, I on behalf of myself/my attendee and any other party who may have the right to assert any rights for or on behalf of myself/my attendee, do hereby forever release and discharge, indemnify and hold harmless, the Conservative Baptist Association of Southern California, DBA Pacific Church Network, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with myself/my attendee's participation in Pacific Church Network's Youth Retreat at Forest Home, Inc.'s camp, and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims" The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. In the event that child abuse is reported while your attendee is at the Pacific Church Network's Youth Retreat, we may fully cooperate with Child Protective Services and Law Enforcement for the best interest of the child.

I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and, by completing this form and by signing it, I accept the terms herein and grant permission for this record to be retained for as long as Pacific Church Network deems necessary.

Note: Pacific Church Network (PCN) is the DBA of the Conservative Baptist Association of Southern California