



# NewCreationChurch

## REVELATION YOUTH PARTICIPATION RELEASE FORM

Name of Event or Activity: DISCOVER YOUTH RETREAT AUG 9-11 2020

Student's Full Name

Date of Birth        /        /       

Parent/Guardian Full Name

Parent/Guardian Phone Number

I, (parent's full name) , hereby accept any and all responsibility for and assume the risk of any and all injury to my child, (student's full name) , which might arise directly or indirectly as a result of, and a participation in the New Creation Church and Revelation Youth programming. I also take full responsibility for any and all property damage that my child may cause. I hereby expressly release, discharge and hold harmless from any liability whatsoever New Creation Church and all employees in their capacities as representatives of New Creation Church. I certify I am familiar with the contents of this release. I have read and understand and it is my intention that by signing this that the same be binding on me and my heirs, administrators, executors and assignees.

Parent/Guardian Signature  Date



# NewCreationChurch

## REVELATION YOUTH MEDICAL RELEASE FORM

Name of Event or Activity: DISCOVER YOUTH RETREAT AUG 9-11 2020

Student's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_

Allergies, dietary requirements, physical ailments, abnormalities we should be aware of, etc:  
(If none, please put N/A)

\_\_\_\_\_

Will your teen require any medications during the event?                      YES                      NO

Will your teen need any medication reminders?                                      YES                      NO

We request that only the amount of medication needed for the duration of the event be sent. The prescribed medication must be in the original container and have the affixed label including the student's name. Non-prescription medication must also be in the original container. Medication must be kept by the Youth Pastoral staff until the teen needs to use it.

I, (parent's full name) \_\_\_\_\_, grant permission to the New Creation Pastoral Staff (or authorized designee) to dispense the provided prescribed or over the counter medication to (student's full name) \_\_\_\_\_. I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my teen named above to be administered first aid by those in direct supervision of my teen and/or be medically treated by a physician or medical facility as appropriate. This releases and holds New Creation employees, volunteers harmless from any and all liability for damages or injury resulting directly or indirectly from the dispensing medication or the presence of the medication at the retreat or its use by my teen. I also release New Creation church employees or volunteers from liability for seeking medical assistance for my child if needed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_