**Joint Asian Retreat**

**Event Permission Form**

**Parent/Legal Guardian must read and sign the bottom portion of this form.**

**Please Print**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_M\_\_\_F\_\_\_**

**Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_**

**Medical Ins.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group #\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GENERAL RELEASE AND HOLD HARMLESS AGREEMENT**

The undersigned or a member of the immediate family of the undersigned desires to participate in various programs, events or activities (hereinafter collectively referred to as the “Activities”) operated or sponsored by the Metro Detroit Chinese Alliance Church, Detroit Chinese Alliance Church North, and Oakland Chinese Church (hereinafter referred to as the “Church”).

The undersigned or a member of the immediate family of the undersigned further understands and acknowledges that the Church will not allow the undersigned or a member of the immediate family of the undersigned to participate in such Activities without releasing and holding the Church harmless from any liability arising out of my participation in the Activities.

Further, the undersigned or a member of the immediate family of the undersigned REQUESTs THAT THE Church ALLOW them TO PARTICIPATE IN Church and THE ACTIVITieS, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE Church, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE Church, FROM all actions, claims, costs, expenses or damages of any kind GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES of the Church IN WHICH The undersigned or a member of the immediate family of the undersigned PARTICIPATEs.

The undersigned or a member of the immediate family of the undersigned further acknowledges THAT THIS IS A FULL AND COMPLETE RELEASE FOr ALL INJURIES AND DAMAGES, WHICH the undersigned or a member of the immediate family of the undersigned MAY SUSTAIN AS A RESULT OF the undersigned or a member of the immediate family of the undersigned’s PARTICIPATION IN ANY Church program, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Participant, if 18 years old, or participant’s parents’s/legal guardian if under 18)

PLEASE PRINT:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission for him/her to

(participant’s parent/legal guardian) (participant)

go to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_under the direction of the Student Ministries of Metro Detroit Chinese Alliance, Detroit Chinese Alliance North, and Oakland Chinese Church.

The undersigned, being a parent and/or legal guardian of the above minor, does hereby authorize the treatment of the above minor by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in the above event, including transportation to and from the event site. This authority is granted only after a reasonable attempt has been made to contact me.

**Specific medical allergies, chronic illnesses or other conditions:\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Participant’s parent/legal guardian)