

CONTAGION '08 RELEASE FORM

St. Thomas Church

Due Date: Sunday, April 13th

Date of Event: Friday, April 18 – Sunday, April 20

Place of Event: The Walter Family Cottage near Baileys Harbor, WI

Cost: \$25 (cash or check)

Price includes: Transportation, Food, T-shirt, Speaker, Lodging, Lake Michigan, Entertainment, and MUCH MORE!

Please Fill Out ENTIRE Form

Name: _____ Date of Birth: _____

Street Address: _____ Grade in School: _____ Gender: M F

City: _____ State: _____ Zip Code: _____ Phone #: (____) _____

Email: _____ Church: _____

Mother's Name: _____ Father's Name: _____

Youth Agreement:

Emergency Contact #: (____) _____

- I agree to act responsibly and considerately during this event. *(as in a cell phone)*
- I will respect the rules and laws of the area.
- I will maintain contact with event's leaders and will follow the rules of behavior they establish.
- I give my permission for my picture to be used on the St. Thomas website. Yes _____ No _____ *(Checking neither means yes)*

** Signature: _____ Date: _____

Parent or Legal Guardian Agreement:

- ** I _____ certify that I am the parent or legal guardian of _____ and I consent to my child's participation in this event.
- I recognize that I will be financially responsible for medical care that may result from any injury or illness which my child may sustain or succumb to while participating in this activity.
- I hereby release The Episcopal Church USA (ECUSA), The Episcopal Diocese of Fond du Lac, St. Thomas Church, and all adult leaders acting on its behalf from any and all claims or demands which I or my child may have as a result of participation in this event.
- My child has medical conditions and/or physical limitations which are enumerated here and on the back of this form (if necessary). _____.
- I hereby consent to emergency medical care to be provided for my child in the event that such care should become necessary in the course of this event.
- I hereby give permission for my child to ride in any vehicle as authorized by the leaders of this event.
- My child is covered by the following health insurance policy:

Company Name: _____

Policy Number: _____

Name of Policy Holder: _____

** Signature of Parent or Legal Guardian: _____ Date: _____

*Checks should be made out to St. Thomas Church
(St. Thomas Church will receive NO monetary benefits from this event)*

Please include a photocopy of your insurance card with this form

THANK YOU!