## Liability Release and Emergency Medical Treatment Agreement

## MEDICAL RELEASE ON BEHALF OF MINOR AND HOLD HARMLESS AGREEMENT

My son/daughter		has my permission to attend
	•	
Winter Retreat 2	2025 a	Mission Springs Camps & Conference Center
event	t	place
on 7-9 November 202	25	from All Day
date		times
	or my child in the	nia Civil Code, I hereby authorize Chinese Church in Christ event of injury or illness. I understand and agree that I am
		TO ASSUME ALL OF THE RISKS AND OTHER RED BY MY SON/DAUGHTER PARTICIPATING IN
leaders for any accident, bodily or penny person, including without limitate penalties, including attorneys' an Winter Retreat 2025  If further state that I HAVE CAI	ersonal injury, dam tion demands, liab d consultants' f sponsored by Chin	D THE FORGOING RELEASE AND KNOW THE
This is a legally binding agreement when		RELEASE AS AN ACT OF MY OWN FREE WILL. d understand.
Signature: Parent or legal guardian	Da	te:
Name: PRINT NAME	Home phone:	Work phone:
PRINT NAME		
Spouse's name:	Phone:	
Emergency contact person:	Ph	one:
Child's doctor's name:	Phon	ie:
Medical coverage:Any allergy, allergic reaction to drugs	I.D.#, current medicatio	ons, or special condition of my child: