

# Parental Consent and Liability Release Form – EDGE 78

## Petra Church, New Holland, PA

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

School \_\_\_\_\_ Current Grade (or Grade Just Completed) \_\_\_\_\_

Parent's or Legal Guardian's Names \_\_\_\_\_

Parent(s)' Business Phone \_\_\_\_\_  
(Father) (Mother)

We (I) give permission for our (my) child, \_\_\_\_\_, to attend and participate in the  
(name of child)  
following events sponsored by Petra Church: **Fall Retreat** (Tel Hai Camp - 31 Lasso Dr, Honey Brook, PA 19344); **Corn Maze** (Mast Farms – 2715 Main St, Morgantown, PA 19543); **Snow Tubing** (AvalancheXpress – 2700 Mt Rose Ave, York, PA 17402); **The Rally** (Petra Church – 565 Airport Rd., New Holland, PA 17557; Spooky Nook – 2913 Spooky Nook Rd., Manheim, PA 17545; Shady Maple Smorgasbord – 129 Toddy Dr., East Earl, PA 17519).

I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. In the event I cannot be reached in an emergency during the activities shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure x-ray examinations, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I assume responsibility for their transportation and/or all transportation costs.

Authorization and permission is hereby given to Petra Church to furnish any necessary transportation, food, and lodging for my child.

I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Petra Church, its leaders, employees, and volunteer staff liable for any property damages and expenses, as well as personal injuries, death, or diseases incurred or caused by the subject of this form.

I understand all reasonable precautions will be taken at all times by Petra Church and its agents during the events and activities.

Major Medical or Hospital Insurance Yes ( ) No ( )

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

In Whose Name is the Insurance? \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Please list any allergies or special medical problems your child may have \_\_\_\_\_

Medicine being taken on a regular basis \_\_\_\_\_

Parent/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_