

Parental Consent and Liability Release Form – Ignition/High School Ministry 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** (Refreshing Mountain – 455 Camp Rd, Stevens, PA 17578); **A.C.T.I.O.N. Christmas** (Ephrata Walmart – 890 E Main St, Ephrata, PA 17522); **Winter Retreat** (Camp Hebron – 957 Camp Hebron Rd, Halifax, PA 17032); **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 _____