

2010 Winter Retreat Permission Slip

As a parent/legal guardian of _____, I/We have reviewed the information about the Lakeside Fellowship's Winter Retreat, and give permission for the subject of this release to be involved in the overall activities.

I/We have reviewed the rules of the activities and agree that the subject of this release will abide them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by Lakeside Fellowship and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Lakeside Fellowship, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name _____ Are you the Primary Contact? or Spouse?

Address/City/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Spouse Name (Please Print) _____

Address (if different) _____

Home Phone (if different) _____ Work Phone _____ Cell Phone _____

Email Address _____

Parent /Guardian Signature

_____ Date _____

Health/Med. Ins. Co. _____ Policy Number _____

Students are not to bring any weapons, fireworks, or electronics (this includes iPods and everything else that uses batteries or electricity to work). Students will be required to be in at least groups of 3 at all times.

We will be collecting cell phones before we leave and will have them turned off for the duration of the retreat. If you need to contact your student please either contact one of the leaders listed below or Hidden Acres Camp. If your student needs to call home or another individual they will be allowed to use a leader's phone. If you have questions about any of this please contact Josh Byers.

Josh Byers - 515-360-8285
Mickie Byers - 515-418-0647
Hidden Acres Camp - 515-547-2751

Please list on back of this Release Statement any allergies and/or medical conditions the subject of this release may have. Also list any prescription medication he/she may be taking at this time.