

EXTREME FAITH

www.myextremefaith.com

Parent Permission/Health & Liability Form

I, the parent/guardian of _____ allow him/her to be involved in the Extreme Faith 2012 Youth Conference on March 24th - 25th in Fosston, MN. I understand that all reasonable safety precautions will be taken at all times by Extreme Faith staff and volunteers. I understand the possibility of unforeseen hazards and the inherent possible risks.

1. Are you aware of any physical or emotional disabilities that will affect you during this event? Yes/No (circle one) If yes, please explain:
2. List any recent illness:
3. Is student presently using any prescribed medication? Yes/No (circle one) If yes, please list:
4. Allergies, if any:

I authorize treatment by licensed medical personnel deemed necessary for my child in the event of a medical or dental emergency. In consideration of the minor's participation in the Extreme Faith 2012 Youth Conference I/we agree to release, indemnify and hold harmless Your QFM and Shine the Light, Inc., its employees and agents, contracted or otherwise from any liability or injury, disease or damages from said participation.

Parent/Guardian Name _____

Address _____

City _____ State _____ ZIP _____

Work Phone # _____

Home Phone # _____

Health Insurance Co _____

Policy Number _____

Parent/Guardian Signature _____ Date _____