

EASTERN FIELD REGIONAL BIBLE QUIZZING TRANSPORTATION to Q2018 Bible Quizzing Tournament

JUNE 23 TO JULY 2, 2018 - TRAVELING FROM SELINGSGROVE PA TO OLATHE KS AND RETURN

PARENTAL CONSENT, LIABILITY WAIVER & MEDICAL RELEASE FORM

I _____ (Print Parent/ Guardian name) give permission for
_____ (Student's name) to attend activity on the above dates.

My child/student has my permission to travel to and participate in **Q2018** in Olathe, KS on June 25 to June 30, with travel dates from June 23 to July 2, 2018.

As parent(s)/ guardian(s) we (I) are confident that every measure will be taken to protect the safety of all participants. On behalf of my child (student), we (I) hereby agree to release, forever discharge, and agree to hold harmless the Mid-Atlantic District, the directors thereof, and all sponsors, volunteers, bus drivers, and chaperones on the trip from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage or expenses of any nature whatsoever which may be incurred by the participant while said child/student is traveling to, from, or participating in the Bible Quizzing Tournament.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, damage or expense for any reason as a result of participation in travel, quizzing, recreation or excursion activities involved therein. Authorization and permission is hereby given to Mid-Atlantic District to furnish any necessary transportation to, from or during the event, or to reach medical attention if needed.

We (I) are the parent(s) or legal guardian(s) of this participant and hereby grant permission for him/her to participate fully in the Bible Quizzing Travel, and hereby give Bible Quizzing Travel staff permission to take him/her to a doctor or hospital and authorize medical treatment including, but not limited to, emergency surgery or x-rays.

We (I) will assume all responsibility for all medical bills, if any are incurred for treatment of my student. I understand that if medical treatment is required I will be contacted as soon as possible.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Health Information: Food/Medication Allergies: _____

Current Medications and Dosages: _____

Date of Last Tetanus: _____ Other Important Health Information: _____
(use back or attach page with additional information if needed)

Insurance Information:

Primary Name: _____ Insurance Company: _____

Policy Number: _____ Group Number: _____

Emergency Contact Information:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____