

**ELK PLAIN COMMUNITY CHURCH YOUTH GROUP ACTIVITY
INFORMATION LETTER/PARENTAL RELEASE FORM**

ACTIVITY: Youth Group Movie (Case for Christ) and Dinner, April 9, 2017

ACTIVITY COORDINATOR:
Heath Lynn (253)370-0406

ACTIVITY DESCRIPTION: We will be driving to see the movie "The Case for Christ" at the Regal Lakewood Stadium 15 and then stopping for dinner somewhere before returning home.
COST: \$10 for the movie and then money for food.

<i>ITINERARY</i>	<i>DATE</i>	<i>PLACE</i>	<i>TIME</i>
DEPARTURE INFORMATION:	Sunday, 9 April	Elk Plain Community Church	Meet @ 2:45 PM
RETURN INFORMATION:	Sunday, 9 April	Elk Plain Community Church	approx. 7:30 PM (will call on return)

PARENTAL CONSENT/MEDICAL RELEASE STATEMENT

I (we) have carefully considered the nature and risks of this activity and give my (our) consent as parent(s)/guardian(s) of the individual named below and hereby authorize their full participation in this event/activity. Any exceptions to full participation are noted in the appropriate section below.

I (we) understand and agree that although a reasonable effort will be made to identify and limit risks involved in this activity, Elk Plain Community Church (E.P.C.C.) and the staff/sponsors of this event will not be held liable for any resulting injuries.

I (we) also understand that in the unlikely event that medical treatment is required; every effort will be made to contact me (us). However, if I (we) cannot be reached, I (we) give permission to the staff and/or sponsors to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. The undersigned assumes the responsibility for all costs connected with such treatment and hereby release E.P.C.C, and the staff/sponsors from any liability.

I (we) also agree that in the case of intentional property damage or physical assault of any kind, the participant will be required to leave immediately. Transportation arrangements will be the responsibility of the participant involved and/or their parents and will in no way be the responsibility of the staff, sponsors, or E.P.C.C.

<i>NAME OF INDIVIDUAL ATTENDING THIS EVENT</i>	
<i>SIGNATURE OF PARENT OR GUARDIAN</i>	<i>DATE SIGNED:</i>
<i>PLEASE LIST ANY EXCEPTIONS TO FULL PARTICIPATION IN THIS ACTIVITY AND/OR ANY MEDICAL ALLERGIES, MEDICATIONS BEING TAKEN, MEDICAL PROBLEMS OR OTHER PERTINENT INFORMATION THAT YOU FEEL THE STAFF MAY NEED TO KNOW. USE BACK SIDE IF ADDITIONAL SPACE IS NEEDED.</i>	
<i>HEALTH INSURANCE CARRIER</i>	
<i>HEALTH INSURANCE ACCOUNT NUMBER</i>	
<i>EMERGENCY TELEPHONE NUMBER</i>	<i>TELEPHONE NUMBER OF HEALTH INSURANCE CARRIER</i>

As a participant in this event, I understand my responsibilities in regard to my conduct. I agree to abide by the rules set forth by the staff and sponsors of this trip and indicate by my signature that I understand and agree to these terms. I also understand that I will be responsible for arranging transportation home in a way acceptable to my parents and the staff/sponsors if I do not abide by the rules established for this event.

<i>SIGNATURE OF PARTICIPANT</i>	<i>DATE SIGNED:</i>
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