

**VERY IMPORTANT FOR EACH PERSON UNDER AGE 18**

**Participant Medical/Permission and Release Form**

Church Name \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Email \_\_\_\_\_

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In Case of Emergency Notify: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Family Physician: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Primary Coverage - Family Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

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**Parent Information:**

Name of Parent/Guardian in which insurance is issued: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_

Zip \_\_\_\_\_ Birthdate \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Email \_\_\_\_\_

The participant and participants attending organization shall defend, indemnify and hold harmless Myrtle Beach Christian Retreat, as well as their agents, employees and affiliates, from and against all losses, damages, liabilities or expenses including, but not limited to, reasonable attorney's fees and litigation costs incurred, arising out of use of facilities and equipment at Myrtle Beach Christian Retreat, by any participant representing participant's organization.

**(Please make sure you complete all of this form and send with your child)**