



### Winter Retreat Permission Form

(I/We) the (parent(s)/guardian) of \_\_\_\_\_ do hereby grant permission for (him/her) to participate in Mosaic Winter Camp from Friday, February 3<sup>rd</sup> – Sunday, February 5<sup>th</sup>. I understand that by granting this permission, I am agreeing to allow (him/her) to travel in a vehicle with a Bay Pointe Community Church (BPCC) staff member or volunteer as is deemed necessary for the purposes of travel to SpringHill Camp. I also understand that by participating in the winter retreat the possibility of injury exists and medical treatment may be necessary. In such an event, by signing below I agree in advance to allow representatives of BPCC to seek such treatment as is deemed necessary including hospital care, if said representatives are unable to contact me. As a result, I agree to accept all financial responsibilities associated with the treatment. I agree to indemnify and hold harmless all BPCC representatives (either staff or volunteer) with regard to any liability for any such injuries incurred or treatment administered.

I agree that all the information provided in the attached medical information form is complete and accurate to the best of my knowledge and I understand that this information is being relied upon by BPCC representatives caring for your child.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_