

2010 Ultimate All Nighter

Parental Consent/Medical Form

Student: _____ AGE: _____

Parent(s): _____ Home Phone: _____

Emergency Number _____

I hereby request permission for my child to take part in:

EVENT: Ultimate All Nighter, with Palermo Christian Church

Cost & Grades: \$25.00 (Includes all activities and food) & Students in grades 7-12

Sign Up: Payments & Permission form Due March 21st

Questions: Call Phil Hubbard 446-8224

Payments: Make Checks Payable to Palermo Christian Church

Destination: Waterville, YMCA; Kennebec Ice Arena, and Interstate Bowling

Designated Supervisor: Pastor Phil Hubbard

Departure: Friday, March 26, 7:00 PM

Return: Saturday, March 27, 6:45 AM

In consideration of the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, I/WE assume all risks and hazards incidental to such participation, and do hereby release, absolve, indemnify, and agree to hold harmless the Palermo Christian Church, its agents, employees and officers, and chaperones, leaders, organizers and sponsors, and persons transporting our child to and from these activities. I will no hold Palermo Christian Church to be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity.

I have read this release, understand all its terms, and execute it voluntarily and with full knowledge of its significance.

In the event of an emergency if I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Signature: _____ Date: _____