

Zion Church Retreat 2024
Consent Form and Liability Waiver (Minor)

Participant's Name : _____

Participant's Birth date : _____

Parent/Guardian's Name : _____

Relationship : _____

Contact no. : _____

Email : _____

Home Address : _____ Postcode ()

I, parent/guardian of _____, grant permission for my child/ward to participate in the Zion Church Retreat 2024, to be conducted by the staff and volunteers of Zion Church. This event will take place at the Cassia Hotel, Bintan, Indonesia, from 23-25 November 2023 (Saturday-Monday).

As parent/guardian, I remain legally responsible for any personal actions taken by the minor participant. I agree on behalf of myself and my child/ward to hold harmless and defend the Organizer, its officers, and agents from any and all actions, claims, demands, damages, costs, expenses, and all consequential damage arising from or in connection with my child/ward attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Organizer, its officers, and agents for reasonable attorney's fees and expenses arising therewith.

I hereby warrant that, to the best of my knowledge, my child/ward is medically fit to attend this event, and I assume all responsibility for the health of my child/ward.

Signature: _____

Date: _____

Medical Information

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. Should I be uncontactable in the event of an emergency, contact this person.

Emergency contact

Name : _____

Relationship : _____

Contact no. : _____

Please state any special health conditions of your child/ward.

Please state any food and/or medicinal allergies of your child/ward.
