

Authorization & Release Form
Fall College Retreat 2023: November 3rd - 5th
Ashland Woods Fellowship Center

Participant Information (Everyone)

Last Name: _____ First Name: _____ Age: _____
Address: _____
City: _____ State/Prov.: _____ Zip/Postal: _____
Phone Number(s): (____) _____ (____) _____

Emergency Contact Information

Emergency Contact #1: _____ Phone #: (____) _____
Medical Insurance Company: _____ Policy #: _____

Medical Release Information (For Minors Only)

I give my permission for _____ (Print Minor's Name) to attend the 2023 Fall College Retreat. I give my permission for emergency medical care to be administered by the adult supervisors, or by a medical institution if judged necessary during this event.
Medical Insurance Company: _____ Policy Number: _____
Permission Signature: X _____ Date: _____
Relationship to minor: _____ Daytime Phone Number: (____) _____-_____
Evening Phone Number: (____) _____-_____
Medical Conditions: _____

Participant Release (Everyone)

I hereby indemnify the Fall College Retreat, Ashland Woods Fellowship Center, Youngseekers.com and all participating organizations and participants for all loss, damage and liability whatsoever occurring during this event.

X _____
(Parent/Guardian Signature)

X _____
(Participant's Signature)

(Date)