

Authorization & Release Form
Spring College Retreat 2024: March 22nd - March 24th
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 2024 Spring 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 Spring 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)