

DISCIPLE - SPRING RETREAT 2024 PERMISSION SLIP

Event Information

Group name: MISSION VALLEY CHRISTIAN FELLOWSHIP

Church Address: 6356 Estrella Ave San Diego, CA 92120 Phone: (619)-683-7729

Youth Pastor: Lyle Detwiler **Cell:** (619)-733-4448 **Event Description:** DISCIPLE Spring Retreat 2024

Event location: Green Oak Ranch 1237 Green Oak Rd. Vista, CA 92081

Event date(s): April 19-21, 2024

| Participant information | |
|---|------------|
| Name of Participant: | |
| Name of Parent/Guardian: | |
| Address: | Telephone: |
| Emergency Contact: | Telephone: |
| List Allergies or medical conditions: | |
| Medical Insurance info: | |
| Participation agreement I ACKNOWLEDGE THAT PARTICIPATION IN THE ACTIVITY DESCRIBED ABOVE INVOLVES RISK TO THE PARTICIPANT (AND TO THE PARTICIPANT'S PARENTS OR GUARDIANS, IF THE PARTICIPANT IS A MINOR), AND MAY RESULT IN VARIOUS TYPES OF INJURY INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING: SICKNESS, BODILY INJURY, DEATH, EMOTIONAL INJURY, PERSONAL INJURY, PROPERTY DAMAGE, AND FINANCIAL DAMAGE. IN CONSIDERATION FOR THE OPPORTUNITY TO PARTICIPATE IN THE ACTIVITY DESCRIBED ABOVE (THE "ACTIVITY"), THE PARTICIPANT (OR PARENT/GUARDIAN IF THE PARTICIPANT IS A MINOR) ACKNOWLEDGES AND ACCEPTS THE RISKS OF INJURY ASSOCIATED WITH PARTICIPATION IN AND TRANSPORTATION TO AND FROM THE ACTIVITY. THE PARTICIPANT (OR PARENT/ GUARDIAN) ACCEPTS PERSONAL FINANCIAL RESPONSIBILITY FOR ANY INJURY OR OTHER LOSS SUSTAINED DURING THE ACTIVITY OR DURING TRANSPORTATION TO AND FROM THE ACTIVITY, AS WELL AS FOR ANY MEDICAL TREATMENT RENDERED TO THE PARTICIPANT THAT IS AUTHORIZED BY THE SPONSOR OR ITS AGENTS, EMPLOYEES, VOLUNTEERS, OR ANY OTHER REPRESENTATIVES (COLLECTIVELY REFERRED TO AS THE "ACTIVITY SPONSOR"). FURTHER, THE PARTICIPANT (OR PARENT/ GUARDIAN) RELEASES AND PROMISES TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE ACTIVITY SPONSOR FOR ANY INJURY ARISING DIRECTLY OR INDIRECTLY OUT OF THE DESCRIBED ACTIVITY OR TRANSPORTATION TO AND FROM THE ACTIVITY, WHETHER SUCH INJURY ARISES OUT OF THE DESCRIBED ACTIVITY OR TRANSPORTATION TO AND FROM THE ACTIVITY, WHETHER SUCH INJURY ARISES OUT OF THE DESCRIBED ACTIVITY OR TRANSPORTATION TO AND FROM THE ACTIVITY, WHETHER SUCH INJURY ARISES OUT OF THE DESCRIBED ACTIVITY OR TRANSPORTATION TO AND FROM THE ACTIVITY, BEARDICIPANT (OR PARENT/GUARDIAN) AGREES TO RESOLVE THE MATTER THROUGH A MUTUALLY ACCEPTABLE ALTERNATIVE DISPUTE RESOLUTION PROCESS, IF THE PARTICIPANT (OR PARENT/GUARDIAN) AND THE ACTIVITY SPONSOR CANNOT AGREE UPON SUCH A PROCESS, THE DISPUTE WILL BE SUBMITTED TO A THREE-MEMBER ARBITRATION PANEL FOR RESOLUTION IN ACCORDANCE WITH THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION. | |
| Participant Signature: | _ Date: |
| Parent/Guardian Signature: | Date: |

(Participant and/or parent/guardians if participant is a minor)