

Set Apart Girl® Conference - Under 18 Medical Waiver

I, the undersigned, as the parent or guardian of:

Attendees Name: _____

Address: _____

Hereby agrees as follows:

In the event of any accident, sudden illness, or medical emergency involving myself in connection with the named event, I hereby authorize Sandi McConnaughey, Grace McConnaughey, and Mandy Saeler to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, for my child (or trust), deemed to be necessary by a licensed physician.

Event Locations: Windsor, CO and the surrounding areas.

This authorization is limited to the following dates: June 3rd, 2016– June 6th, 2016

The following information is included and may be resorted to if needed by any hospital or licensed medical practitioner not having access to my child's (or trust's) medical history:

Allergies: _____

Medical Conditions: _____

Physical impairments: _____

Medication being taken: _____

Other pertinent facts: _____

I, the undersigned (“Releasor”), hereby release, waive, discharge, covenant not to sue, agree to indemnify and hold harmless, The Church at Ellerslie; Ellerslie Mission Society and its officers, directors, agents, affiliates, employees, assigns (“Releasees”) from any and all damages, liability, causes of action or any other form of liability, past, present or future, and whether caused by the negligence of Releasees or otherwise, arising out of or relating to my child's (or trust's) presence or participation in the aforementioned Church at Ellerslie; Ellerslie Mission Society event and any activities related thereto, or any actions taken by Releasees pursuant to the above medical authorization with the respect to my child (or trust).

This release shall be binding on myself, my heirs, executors and legal representatives.

Executed Date: _____

Signature of Parent or Guardian: _____