

\*\*\*\*\***Winter Retreat 2022 Student Medical Release Form**\*\*\*\*\*

**Activity Information:** Sponsored by: Reston Bible Church | 45650 Oakbrook Ct. Dulles, VA 20166 & Potomac Baptist Church | 20747 Lowes Island Blvd. Potomac Falls, VA 20165  
Sponsor Coordinators: Tom Newell, Lee Banton, Aaron Osborne, John Fletcher  
Dates & Location of Activity: Feb. 18-21, 2022 | Refreshing Mountain | 455 Camp Road, Stevens PA 17578

**Student Name:** \_\_\_\_\_

**Emergency Contact Information:**

Parent/Guardian Name(s) \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Medical Information:** My student has the following medical conditions or allergies (*Please indicate severity*):

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Co. address: \_\_\_\_\_ Phone: \_\_\_\_\_

**I agree to the following guidelines:**

- I give permission for medical attention to be given to my child in case of an accident, illness, or injury, including major surgery. I understand that I will be contacted as soon as possible in case of such an incident and that every effort will be made to contact me or my emergency contact before treatment is initiated.
- I agree to be financially responsible for any injury or other loss sustained, as well as to pay, either directly or through insurance, all medical or dental expenses incurred for emergency health care authorized by employees or agents of RBC and/or PBC.
- I acknowledge and accept the risks of injury associated with participation. I release from liability, promise to indemnify, and hold harmless RBC and/or PBC and any party acting for RBC and/or PBC for any injury arising directly or indirectly out of the Activity, even if the injury arises out of negligence.
- I release RBC and/or PBC to use any photograph or video of my child for promotional or educational purposes.
- I realize that I am requesting the Youth Ministry Staff to oversee my child. If he/she is unable or unwilling to respond to their oversight, I commit to personally pick up and bring my child home.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_