

# YOUNG MEN'S



# CHALLENGE 2013

## RELEASE OF LIABILITY PERMISSION SLIP

(Submit a copy of your medical insurance card)

**"HE WHO ENDURES TO THE END  
WILL BE SAVED. . ."**

I/We do hereby give permission for \_\_\_\_\_, a minor child who is High School age and up, to be a part of the Young Men's Challenge on **Friday July 19th**. I also give permission for this minor to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this activity. We/I authorize the adult in whose care the minor has been entrusted, to consent to any medical or dental diagnosis or treatment, only after a reasonable effort has been made to contact the parents or guardians. I/We the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such . I/We hereby release and agree to hold harmless MOUNTAIN FELLOWSHIP or the **Mosquito Fire Protection District** and their representatives, including volunteer drivers, from any and all liabilities or claims for personal injury, illness or death, as well as property damage and expenses of any nature whatsoever which may be incurred.

Please complete the following information for the person attending:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Physicians Phone: \_\_\_\_\_

**QUESTIONS? CALL COLE NEVIN @ 350-0087 OR DAN LIGHTFIELD @ 363-0436**