

Arbor Heights Community Church  
**SNOW BLAST RETREAT 2020**  
PERMISSION-RELEASE FORM

Name(s) and Age(s) of Youth Attending:

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Home Phone # \_\_\_\_\_  
Emergency Phone # for Snow Blast Retreat \_\_\_\_\_  
Address \_\_\_\_\_

I give permission for my above named child to join Arbor Heights Community Church for the youth group Snow Blast Retreat from March 20-22, 2020. I understand that they will be providing transportation to and from the event. I hereby release Arbor Heights Community Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies \_\_\_\_\_

Medications being taken \_\_\_\_\_

Medical insurance company \_\_\_\_\_

Policy Number \_\_\_\_\_

Contact: Linnea McDonald or Nate Horton  
Arbor Heights Community Church  
4113 SW 102<sup>nd</sup> St, Seattle, WA 98146  
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