

Pilot Mountain Baptist Association

2017 FALL RETREAT

Registration & Medical Release Form

Name: _____ Phone # _____

Address: _____

Church: _____

Gender: _____ Male _____ Female T-shirt size: _____ Grade: _____

Date of last Tetanus Booster: _____ Known Allergies: _____

Insurance company: _____ Policy # _____

Family Doctor: _____ Phone# _____

I (We) _____ (parent(s)/guardian(s)) of _____ (student) hereby grant to the adult chaperones of our church, permission to obtain emergency medical treatment for my child if necessary while on Associational Fall Retreat at Ridgecrest Conference Center, November 17-19, 2017. We further, do hereby release, and forever discharge all sponsors and Pilot Mountain Baptist Association from any and all claims, demands, actions or cause of action, past present, or future arising out of any damage or injury while participating in the event.

Photography/images Use Policy

I/We hereby authorize The Pilot Mountain Baptist Association to utilize my student's photographic image in marketing and advertising efforts of The Association, including but not limited to, print advertisements as well as electronic communications.

Parent/Guardian Signature X _____ Date _____

ALL FORMS MUST BE NOTARIZED!



Notary

_____ County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document for the purpose stated therein and in the capacity indicated: _____

Date: _____

_____ Official Signature of Notary

Notary's printed or typed name, _____

(Official Seal)

My commission expires: _____