

LAKE SPOKANE COMMUNITY CHURCH
Medical/Permission and Release Form

I give permission for _____
to attend **Rafting trip on Spokane River & BBQ on 4/22/18 cost is \$27 from 12:30 to 6:30.**

Emergency contact _____ Phone _____

Allergies or medical conditions

My permission is granted for LAKE SPOKANE COMMUNITY CHURCH staff member or sponsor in charge of the event to obtain necessary medical attention in case of sickness or injury for _____ (Participant's Name).

I/We, the undersigned, do hereby release, and forever discharge all sponsors and LAKE SPOKANE COMMUNITY CHURCH from any and all claims, demands, actions or cause of actions, past, present or future arising out of any damage or injury while participating in the event. We further accept financial and physical responsibility for the return of child, should the adult supervision find it necessary to send him/her/them home (as applicable).

Signature of Parent/Guardian: _____ Date: _____

Print _____