

CONSENT FORM

_____ has my permission to attend the youth events

NAME OF YOUTH

(listed and initialed below) sponsored by the Minnesota Conference of Seventh-day Adventists Camp Meeting Youth Department (hereinafter the Youth Department) on October 31.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Youth Department, the Minnesota Conference of Seventh-day Adventists, and its staff of any liability against personal losses or injuries of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events (listed and initialed below) being organized by the Youth Department. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Youth Department, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Youth Department, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Youth Department staff member.

Parent/guardian signature: _____ **Date:** _____

Printed parent/guardian name: _____

Events

Please write your initials next to each event your child plans to attend.

_____ **Saturday, October 31** . Youth Rally @ the St. Paul RiverCentre
(transportation not provided)

_____ **Saturday, October 31 Off-site Lunch @** South St. Paul Hispanic SDA Church 140 6th
Avenue N., South St. Paul, MN 55075 (conditional transportation provided, see below).

Please note: Transportation to the lunch site and meal are available **ONLY** for registered Youth Rally participants present on the day of the event, wearing a valid Youth Rally name tag, and their registered sponsors.

You may pre-register by visiting: <http://mnsdayouth-youngadult.com/> and clicking on the "Pre-Registration" link.