



Evangelical Friends Church MAYM
Liability & Medical Release Form
Wilderness Retreat 2018

Please print, fill out in full and mail to the Friends Ministry Center by March 15, 2018 along with the Application Form, essay and \$150 deposit.

Friends Ministry Center
EFC-MAYM
2018 Maple
Wichita, Kansas 67213

Parents – please read all Wilderness Retreat information online at efcmaym.org under the events section (Page 1 of 2)

Signature Required (Parent or Legal Guardian signature also required for ages 17 and under)

Agreement for parents of applicants age 17 or under: I, the parent or legal guardian of the applicant listed on this form, certify that he or she has my full approval to participate on this Evangelical Friends Church MAYM Wilderness Retreat. The applicant identified on this form understands that all Retreat participants are expected to abide by the Wilderness Retreat guidelines posted at efcmaym.org (which I have read) and be directly responsible to Retreat leaders.

Agreement for all Retreat participants: I understand the registration costs (which are subject to change), deadlines, items not included with registration cost (including some camping gear) and cancellation policies outlined at efcmaym.org.

I authorize the Retreat Director/s, in the event that I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment or for transportation home if necessary. I also understand that EFC-MAYM will not carry medical insurance for this participant.

I do certify that said applicant is covered by adequate accident insurance. I will not hold EFC-MAYM, it's representatives, or Retreat Leaders responsible for personal injury or loss of valuable of any kind.

Parent Signature
(if participant is age 17 or under)

Date

Signature of Participant

I have read, understand, and will abide by all policies set forth by Wilderness Retreat & EFC-MAYM.

Signature

Date

Name of Participant

Name of Parent or Legal Guardian

Parent best contact phone

Other emergency contact phone

Health Insurance Provider

Policy Number

Date of last tetanus shot

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To be filled out by participant: (Page 2 of 2)

Do you have any physical limitations such as weight problems or chronic injuries that would hinder your ability to participate in vigorous activities? If so, please explain

Do you have any medical problems or emotional disorders or require any special refrigerated medication or powered equipment? If so, please explain

Are you presently taking any prescription or non-prescription medicine on a regular basis? If so, please list.

Are you allergic to any medication or food? List allergies and reaction type.