

WildFire! Superior Mission Trip 2010

Participant Permission Form

Franksville United Methodist Church, 10402 Northwestern Ave. Franksville, WI 53126

I hereby give my permission for my child, _____ to participate in the Franksville UMC Mission Trip to Wildfire Superior to be held from *July 18, 2010* through July 23, 2010.

On behalf of myself and my child, I accept all rules and requirements governing conduct during the trip. It is fully understood that any child determined to be in violation of or unfulfilling of these behavior standards will be sent home, at the parents' expense.

In consideration of Franksville United Methodist Church permitting my child to participate in the above described trip, the undersigned hereby agrees to indemnify, and does hereby release and forever discharge Franksville United Methodist Church, its officers, employees, pastors, agents, directors, trustees, members, and all persons acting by or on behalf of them (herein collectively referred to as "CHURCH") from any and all Liabilities arising from or relating to the above described trip. For the purposes of this Agreement, "Liabilities" means all claims, demand, losses, actions, causes of action, suits, debts, liabilities, and judgments of any and every kind that I, my heirs, executors, administrators or assignees ("Releasees") may now or hereafter have against the CHURCH, or that any other person or entity may have against the CHURCH, because of death, personal injury or illness of my child, or because of any loss or damage to property that occurs during the above described excursion and that results from any cause.

In the event of any illness or injury to my child, or in the event my child otherwise requires medical care, I hereby authorize Dani Anderegg or Audrey Seitz, on my behalf, to consent to whatever X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care as may be deemed necessary for the health, safety and welfare of my child.

Signature of Parent or Guardian

Date

Print name

(Home Phone)

(Work Phone)

Address

Signature of Youth

Date