

# POWER OF ONE '08 RELEASE FORM

## St. Thomas Church

Due Date: Wednesday, October 15<sup>th</sup>

Date of Event: Saturday, October 18<sup>th</sup> (11 a.m. – 10:30 p.m.)

Place of Event: Menasha High School in Menasha, WI

Cost: \$20 (cash or check)

Price includes: Ticket to Event, Ten Different Bands, Bob Lenz, Pizza, Seminars, and MORE!!

Please Fill Out ENTIRE Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Gender: M F

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Church: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

### Youth Agreement:

Emergency Contact #: (\_\_\_\_) \_\_\_\_\_

- I agree to act responsibly and considerately during this event. *(as in a cell phone)*
- I will respect the rules and laws of the area.
- I will maintain contact with event's leaders and will follow the rules of behavior they establish.
- I give my permission for my picture to be used on the St. Thomas website. Yes \_\_\_\_ No \_\_\_\_ *(Checking neither means yes)*

\*\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent or Legal Guardian Agreement:

- \*\* I \_\_\_\_\_ certify that I am the parent or legal guardian of \_\_\_\_\_ and I consent to my child's participation in this event.
- I recognize that I will be financially responsible for medical care that may result from any injury or illness which my child may sustain or succumb to while participating in this activity.
- I hereby release The Episcopal Church USA (ECUSA), The Episcopal Diocese of Fond du Lac, St. Thomas Church, and all adult leaders acting on its behalf from any and all claims or demands which I or my child may have as a result of participation in this event.
- My child has medical conditions and/or physical limitations which are enumerated here and on the back of this form (if necessary). \_\_\_\_\_
- I hereby consent to emergency medical care to be provided for my child in the event that such care should become necessary in the course of this event.
- I hereby give permission for my child to ride in any vehicle as authorized by the leaders of this event.
- My child is covered by the following health insurance policy:

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

\*\* Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Checks should be made out to St. Thomas Church  
(St. Thomas Church will receive NO monetary benefits from this event)*

**Please include a photocopy of your insurance card with this form**

**THANK YOU!**