



Authorization for Medical Release and Release of Liability

I give my consent for my son/daughter ("child") _____ to participate in Unclub Retreat ("activity"). I authorize and give my consent to any emergency facility and physician to administer necessary treatment to my child. In the event of an emergency at which time I cannot be reached and/or time is of the essence, I give my consent to transport by ambulance if the situation warrants. Also, by allowing my child to attend camp, I recognize and acknowledge that there are inherent dangers and risks at camp, which dangers and risks I, on behalf of myself and my spouse, children, ward, and others for whom I am responsible, hereby assume. Consequently, it is understood and agreed that in consideration of my child being permitted to participate in the activity, I hereby release, discharge, indemnify and hold harmless UnClub Ministries, Inc, their employees, representatives, chaperones, and volunteers, from any and all claims, actions, demands, or damages whatsoever, in law or in equity (including attorney's fees and costs incurred in connection therewith), and specifically including those arising as a result of any negligence of Unclub Ministries, Inc., their agents, employees, representatives, chaperones, and volunteers, for any and all injury, damage or loss, to person or property, arising directly or indirectly from attending the activity or participating in any activities in connection therewith.

Finally, by signing below, I am representing that I am legally authorized to bind, and am hereby binding myself, my spouse, children, ward, and others for whom I the undersigned are legally responsible.

Signature and relationship to the student

NOTARIZATION REQUIRED

State of Florida, County of _____

The foregoing instrument was acknowledged before me on _____

by _____

Who is personally known to me or produced the following identification:

Notary seal or stamp: