



**3 Story Retreat
Permission & Waiver Release
January 11-12, 2019**

This registration must be signed by a parent or guardian and presented when your student registers. If you have any questions, please contact Janine Black, 317-925-2828, jblack@ciyfc.org.

Student Name: _____

Address: _____ City: _____ Zip _____

Phone: _____ School: _____

As the parent/legal guardian of, _____, I give my permission for my son/daughter to participate in the 3 Story Retreat on January 11-12, 2019. In the event of an emergency where medical treatment is required, I give permission to the Campus Life/CIYFC staff or sponsor to obtain the services of a licensed physician. Please attempt to notify me immediately.

In consideration of the minor's participation in the 3 Story Retreat event, I (we) agree to release, indemnify and hold harmless CIYFC/Campus Life, its employees and agents, contracted or otherwise, from any liability, diseases, or damages resulting from said participation.

I give permission for any pictures involving my child (name) _____, taken at the 3 Story Retreat for possible use on the CIYFC website and/or other promotional publications.

Signed: _____ Date: _____
(Parent or guardian)

During this activity, I can be reached at:
(please print clearly)

Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Emergency Contact if I cannot be reached:

Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Insurance Information

Carrier or Plan Name: _____ Carrier Phone #: _____

Group Policy Number: _____ Policy holder ID #: _____

*****If you have any questions or concerns feel free to contact
Dan Hillen, 317-518-3429, dhillen@ciyfc.org**