



Permission Form Waiver

I _____, parent/guardian of _____,
give permission for my child(ren) to attend LifeWay Church's Youth Encounter
Retreat Feb. 13–15, 2026.

In the event of a medical emergency I authorize **LifeWay Church Staff** to seek and consent to emergency medical attention for my child as needed. I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release **LifeWay Church**, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

The following is all of the insurance information, restrictions, allergy and medication information necessary for my child to receive appropriate medical care (use reverse side as needed).

Insurance Information: _____

Restrictions/Allergies/Medication: _____

I give permission for my child to ride in any vehicle designated by **LifeWay Church**, its employees and adult volunteers, while participating in and traveling to and from this event. Our safety policy states that no teen will ride alone with another adult but always be accompanied by two or more leaders.

☐ I agree and consent to all of the above stated.

(Parent / Guardian Signature)

Date

(Emergency Contact Name and Phone Number)