



# 2019 Spring Route 67 NeSoDak Retreat

April 5-6

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I understand that part of this trip will involve times of prayer and devotion and that my child will be expected to participate.

I give permission for my child to participate in this retreat understanding that they will be accompanied by adult shepherds. Transportation will be by church vehicles. I agree that the travel arrangements are appropriate. I waive claim against the church, its employees or the volunteer shepherds for any injury suffered by my child in excess of the church's insurance limits.

I understand that at the shepherds discretion my child may be excluded from the remainder of the trip for inappropriate behavior and I agree to come and collect my child at my expense.

In case of medical/dental emergency concerning my child, at a time when I cannot be notified, I here by authorize the shepherds to act on my behalf in seeking emergency treatment for my child in event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so using those measures deemed necessary, such as x-ray examinations, anesthetics or medications, medical/surgical or treatment, and/or hospital care. I absolve Bethlehem Lutheran Church, its employees and volunteer shepherds from liability in acting on my behalf in this regard..

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PARENT/GUARDIAN SIGNATURE

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DATE