



Reach for New Heights

# Climb '10 PNA Camp and Conference

July 20-25, 2010

and **Senior Adult Camp**, July 18-20

Double K Christian Retreat Center, Easton, WA

More information at: [www.pnacog.org/climb](http://www.pnacog.org/climb)

**Climb '10**  
PNA Camp and Conference

## **Children's Permission and Release Form**

**This form is required for all children under 18 whose parent and/or legal guardian are not also in attendance at this event. (Please complete one per child)**

Release of all claims, designation of supervision and authorization for medical treatment.

I, \_\_\_\_\_ (please print parent or guardian name) hereby give my son/daughter

\_\_\_\_\_ (please print first and last name),

permission to attend Climb '10 and/or the Senior Adult Camp. I hereby release the Pacific Northwest Association of the Church of God, together with its agents and employees, from all actions, causes of action, damages, claims, or demands which I, my heirs, executors, administrators or assigns may have against the PNA or the above described parties for all personal injuries known or un-known which I have or may incur by participating in the above activity.

During the event they will responsible to the following adult who will be attendance at the event with them:

\_\_\_\_\_ (please print first and last name) who will be responsible for them while they are on the Double K grounds.

I, the undersigned have read this release and understand all its terms. I execute it voluntarily and with knowledge of its significance.

I hereby authorize PNA and/or its employees and agents to consent to the administration of any treatment deemed necessary by a licensed physician, surgeon or dentist; and /or transfer to any hospital reasonably accessible. I acknowledge the PNA and/or its employees and agents may authorize such treatment and/or transfer at their sole discretion. PNA and/or employees or agents shall make a reasonable attempt to contact participant's parent before consenting to any treatment unless an emergency requiring immediate treatment exists.

I further promise to hold harmless PNA and/or its employees and agents from any and all expense incurred pursuant to this authorization in obtaining medical treatment and/or physician charges.

Print parent/Guardian Names: \_\_\_\_\_

The following information is needed by any hospital or practitioner not having access to your medical history:

Medications being taken \_\_\_\_\_

Allergies \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Physical impairments \_\_\_\_\_

Other facts to which a physician should be alerted \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Group #/Cert. #: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

Below I give my release Authorization in accordance with the above statements:

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

Parent/Guardian Home#: \_\_\_\_\_ Work #: \_\_\_\_\_

**Please send this along with registration form to:**

PNA, 3806 W Nob Hill Blvd, Suite 104, Yakima, WA 98902  
Phone: 509.457.1941



Pacific Northwest Association of the Church of God  
Strengthening Churches and Leaders for Mission