

Vacation Church School

My Orthodox Family

St. Mark Orthodox Church, Bethesda, MD

July 13-16, 2009

This activity is a four day vacation church school for children.

For Questions and Inquires, please contact

Ann Prentice 703-866-3036 prentice@comcor.net

Participant Information

Name _____ Home Phone _____
Address _____ City _____
State _____ Zip _____
Parish _____ Diocese _____

Primary Physician

Name _____ Phone _____
Address _____ City _____
State _____ Zip _____
Policy Number _____

Guardian Permission/Release

I am the parent or legal guardian of the participant named above. I hereby release the Orthodox Church in America, the Diocese of Washington, and the St. Mark Orthodox Church of Bethesda, MD, their agents and employees from any liability for all personal injuries known or unknown that the youth named above may incur due to reasons unrelated but not limited to negligence by participating in activities conducted, sponsored, or associated with the event stated above.

In the event of an emergency I, my spouse, or other designated person(s) listed below (indicate relationship to the attendee) may be reached at the following telephone numbers:

My phone # _____
1st Name/Relation/Phone # _____
2nd Name/Relation/Phone # _____
3rd Name/Relation/Phone # _____

Additionally, unless otherwise given written consent, my child shall only be released to one of the persons above.

In the event that I cannot be reached in the case of emergency, I do hereby authorize a physician selected by the coordinator of this event to administer emergency treatment including medications, diagnostic tests, surgery or other medical intervention deemed necessary by the physician. Please indicate any allergies or medications on the back of this form.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily on behalf of myself and the participant named above, and with full knowledge of the significance, to bind all persons. In witness whereof, I signed this release on the date indicated below.

Print Name _____

Signature _____ Date _____