

# N W I L A L L I E S

Galesburg, Quad Cities, Southwest

Zone Gathering

Friday, October 20

6:00pm-10:00pm

\$15.00

Contact Jon VanHouwe 309-408-9178 with any questions

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Local Church: \_\_\_\_\_

I am a \_\_\_\_\_ Participant \_\_\_\_\_ Sponsor

Parent/Guardian Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Name of Student's Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Specify any allergies or medical conditions that would be pertinent for us to be aware of. \_\_\_\_\_

As a parent/legal guardian of \_\_\_\_\_, I have reviewed the information for the zone gathering and give permission for the student of this release to be involved in the overall activities.

I/We understand all reasonable safety precautions will be taken at all times by the Church of the Nazarene and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/ or physician deemed necessary for the student of the release in case of an emergency. I/ We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold the Church of the Nazarene, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the student of this form.

\_\_\_\_\_  
Parent /Guardian Signature and Date