



Please Sign

I agree that I and/or my child/children will take part in the mission trip to Oregon, and having read the information provided, agree to take part in the activities described. The Florida Conference Pathfinder and Adventurer Department will take all reasonable care to provide a safe environment, but cannot necessarily be held responsible for any loss, damage or injury suffered by myself or my child/children during, or as a result of any of the activities. I confirm that I and/or my child/children are in good health, and I consider myself and him/her/them fit to participate.

By giving my email, I agree that the Department may send me further information, marketing, and other communications from time to time. I may opt out of receiving these at any time.

I agree that photographic and video imagery of me and my child/children may be used by the Florida Conference and affiliated organizations in printed promotional material and/or on the internet.

I agree to the pricing structure and the cancellation charges that have been outlined.

I agree that I and my child/children will conduct ourselves according to the Church standards, and follow the directions of the trip organizer, Carol Barnett.

I, _____ give the following emergency medical treatment consent for myself/my child(ren). Effective from **July 7, 2017** to **July 16, 2017**.

Emergency Surgery _____ First Aid _____

Both of the above _____ None of the above _____

One of the types of treatment above must be checked.

Name(s) of Child(ren): _____

Signed: _____ Date: _____

Print Name: _____