

Permission to Treat:

This is to certify that any licensed physician/nurse has my permission to examine and, if necessary, administer treatment related to any injury and/or illness incurred by: (please print name)

_____ while he/she is voluntarily participating in this weekend on the campus of Columbia International University (CIU). No guest is required to participate in any activity they request not to.

Personal Information: (Please complete the following in full)

Allergies: _____

Medications: _____

In case of emergency, please contact: _____ Phone: (____) ____ - _____

Youth pastor or sponsor with you at CIU: _____ Cell #: (____) ____ - _____

Release:

By signing this release I understand that I am authorizing treatment that may be necessary for the aforementioned individual during the events of Columbia Conference. I understand that some of the activities are very vigorous and therefore injury may occur. I understand that my participation is voluntary and I may choose not to participate in any activity by simply asking those supervising the event. The undersigned conference guest is voluntarily participating in all events and therefore releases CIU, and any representatives thereof, of all responsibility. The undersigned assumes all risks and financial obligations that may result from voluntary participation in the events of this weekend.

_____ **Conference Guest:**

_____ **Date:**

and, _____

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