

PERMISSION SLIP FROM PARENTS

I, _____ am the parent or legal guardian of _____ born on ___ / ___ / ___ (MM/DD/YY) I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent or legal guardian of _____, I certify and affirm that I have been completely and thoroughly informed that as a child attending SOBREVIVIENTES 2019, Casa de Jesús' Youth Camp, my child will participate in certain activities which carry with them a degree of risk and danger. I acknowledge and understand that SOBREVIVIENTES 2019 may offer other activities not listed above that present similar risks or dangers to my child. I consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities and to use Camp Geneva and Casa de Jesus, Inc, equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Casa de Jesús and their representatives, from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of Camp Geneva and Casa de Jesus, Inc, equipment and facilities.

I understand that it is my obligation to inform the church of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while in the care of Casa de Jesús representatives and volunteers. Should the need for medical attention arise the church will attempt to contact me as soon as practicable under the circumstances.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the United States of America or any health care professional duly licensed to provide health care serviced in the United States of America for medical care and services deemed necessary by the doctor, its agents, servants, and employees. I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I acknowledge by signing this document, that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the church on the basis of any claim form which I have released them herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions remain in full force and effect. I have fully informed myself to the contents of this PARENTAL AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.

I give permission for my child's picture and videos to be used in future publications if selected.

I understand that, while my child participates in any regularly sponsored activities, he/she is responsible to abide by the rules set forth by the sponsoring organization, its leaders and supervisory personnel. Any serious infraction of rules and/or conduct by the youth may result in dismissal from the program. In the event my child is dismissed from the program, I/We (parents) agree to assume the cost of returning my child to his/her home. I/We also agree to

forfeit any possible refund. I/We understand that such action would only be taken under special circumstances and only after direct consultation with m child's pastor and parents or guardians.

_____/_____/____ Signature Printed Name Date

MEDICAL INFORMATION

Medical conditions to be aware of: _____ Prescribed Medicines:

_____ Allergies to be aware of:

_____ Contact Persons and Numbers in case of an emergency

1. _____ 2. _____

NOTARIZATION FORM

State of Florida County of Miami Dade

This instrument was signed or acknowledged before me on ___ / ___ / ___

by _____ Notary Signature