

The Lord's House of Prayer
133 East Vine Street
Lancaster, PA 17602

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CONSENT AND AGREEMENT FORM

I/we do hereby release The Lord's House of Prayer, a non-profit corporation, and any individual officer, staff person, volunteer and/or member of said corporation, of any liability arising out of any injury, damage, or loss which may be sustained by said person during their involvement with the following event:

EVENT:All the Eleven:59 Events for the Year 2010

SIGNATURE:_____

DATE:_____

If applicant is under 18 years of age, signature of parent or legal guardian is also required.

Signature of parent or legal guardian

Date

Relationship to youth

MEDICAL RELEASE – PARENT PERMISSION FORM

ACTIVITY:All the Eleven:59 Events for the Year 2010

DATES: 2010_____

TEENS NAME:_____

ADDRESS:_____

BIRTHDATE:_____ **PHONE:**_____

EMERGENCY CONTACT PERSON & PHONE #

I give my permission for my son/daughter to attend the above mentioned event. I understand that the youth staff of The Lord's House of Prayer will be in charge and can be reached at 717-396-0772.

I also understand that, in the event medical treatment is required, every effort will be made to reach me. However, if I cannot be reached, I give permission to the staff to secure the necessary medical treatment, including anesthesia, for my son's/daughter's well being.

SIGNED_____ **DATE**_____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

