

Singer Name: \_\_\_\_\_

**PARTICIPATION, TRANSPORTATION, MEDICAL TREATMENT AUTHORIZATION FORM**

**\*\*\* DUE BY March 1, 2024 \*\*\***

In order to assist Spirit Wind to protect said child while in its custody, the undersigned, as parents or legal guardian of the child registered on this form, do hereby authorize Spirit Wind and its delegated leaders and staff as agent(s) for the undersigned to consent to any medical and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any licensed physician or surgeon or the medical staff of a licensed hospital, wherever such diagnosis or treatment is rendered by said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care deemed advisable.

This authorization shall remain effective while the child is under the care and custody of Spirit Wind.

The undersigned is also aware that there are possible risks in related program activities, and to the best of his/her knowledge, declare his/her child to be physically and mentally prepared for such activities. The undersigned realizes that Spirit Wind's responsibility begins when this child is delivered to the staff, at a camp, church facility, or vehicle, and ends when the staff releases said child to persons or at a place designated by the child's parents or legal guardian at the end of program activities. Excepting limitations stated herein, the child registered on this form has permission to participate in all program activities under the supervision of the staff and its designated leaders, including transportation in public and private vehicles that are utilized in authorized Spirit Wind program activities and in supervised water activities.

The undersigned acting on his/her behalf and that of the child do hereby waive all claims against and agree to indemnify and hold harmless Spirit Wind, its officers, staff, and designated leaders; and the Spirit Wind board, staff and leadership team from any liability or responsibility for any injuries received by this child while participating in this church program.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

THE STATE OF \_\_\_\_\_ §

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed, and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

**Please attach a legible copy (front and back) of your insurance card to this form.**

Please bring with you to registration at Early Methodist Church on June 22nd.

\*\*\*The following portion ONLY to be filled out upon arrival at Summer Rehearsals at Early Methodist Church.\*\*\*  
I have reviewed the attached medical information and have made necessary changes to make the information current.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date