



Planet Wisdom Conference '09

- When: Friday, March 6th – Saturday, March 7th
- Time: (Depart) 2 p.m. on Friday, March 6th
(We will be staying the night at a church 2 miles from Hylton Memorial called Lutheran Church of the Covenant. Their address is: 15008 Cloverdale Road, Dale City, VA 22193 * 703-670-4242)
(Return) 8 p.m. on Saturday, March 7th
- Location: Hylton Memorial Chapel / Woodbridge, VA
- Transportation: Rental Van & Youth Leader's Vehicle
- Cost: \$50 (includes conference fees, bring extra money for dinner on Friday and lunch and dinner on Saturday)
- What to Bring: Sleeping bag, pillow, change of clothes, toiletries (there is no shower!)
- Deadline: Sunday, February 22, 2009
- Contact Number: Nate & Deb Wigley – (443) 983-1777

Event: Planet Wisdom Conference '09 Date: March 6-7, 2009

calvarycommunitychurch

C O L U M B I A

MEDICAL AND LIABILITY RELEASE STATEMENT

By signing below:

I understand that all reasonable safety precautions will be taken at all times by Calvary Community Church and its agents during the events and activities described on this form.

I understand that in the event that medical intervention is needed, every attempt will be made to contact the person(s) listed on this form. In the event I cannot be reached in an emergency during the activity dates/times shown on this form, I hereby give my permission to the physician(s) selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child (children) as deemed necessary.

I understand that my insurance coverage for my child (children) will be used as primary coverage in the event medical intervention is needed. Coverage by Calvary Community Church through its accident policy will be used as a back up for what my family's insurance does not cover.

I understand the possibility of unforeseen hazards and know the inherent possibility of risk to my child (children). I agree not to hold Calvary Community Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child (children) while participating in this or any Calvary Community Church activity.

I agree to the above statement and give my child (children), _____ permission to attend the activity described above.
(PRINT CHILD'S NAME HERE)

(Parent/guardian signature)

(Home phone number)

(Cell phone number)