

**Contra Costa Gospel Church**  
**All Church Summer Retreat – Mission Springs Conference Center**  
**July 9-11, 2010**

**Parental Waiver (for those under 18 years of age)**

My child, \_\_\_\_\_, has my permission to attend the Contra Costa Gospel Church All Church Summer Retreat at Mission Springs Conference Center, from July 9-11, 2010.

I am hereby notified that transportation will be arranged by church vans and/or private cars. By signing this form I hereby agree that Contra Costa Gospel Church and/or my child's driver shall not be held liable for my child's illnesses or accidents while attending this event or traveling to and from the event.

In addition, I give consent to Contra Costa Gospel Church and my child's driver to provide all emergency medical care prescribed by a duly licensed physician for my child. This care may be given under whatever conditions are necessary to preserve the physical well being of my child.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number in case of emergency: \_\_\_\_\_