

Release Form

To participate in this retreat, you MUST send or bring this signed form.

- If you are under 18, the form must be signed by your parent or guardian.
- If you are 18 or over, please sign the form yourself.

Complete and print this form including a signature, and send it to:

Brian & Laurie Jones

18450 Jivaro St NW

Oak Grove, MN 55303

or scan and email to TrottBrook.Activities@gmail.com

Medical Info

Name:

Home phone:

First parent:

Cell or work phone:

Second parent:

Cell or work phone:

Name of health
insurance company:

Policy number:

Date of last tetanus shot:

Allergies to medication (including symptoms of reaction):

I give permission for the above participant to attend the retreat and authorize medical treatment for them while at the retreat.

Signature: _____ Date _____

(Parent or guardian if participant is under 18)