

# 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)*