

# JOSHUA GENERATION / TAYLOR UNIVERSITY RELEASE FORM

Student Name: \_\_\_\_\_ Church: \_\_\_\_\_

Medical Conditions / Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the undersigned, am the parent or legal guardian of the above listed student, and give permission for him/her to attend the Joshua Generation (also known as "J-Gen") Retreat:

- In consideration of participating in this trip, I give permission to J-Gen to use photographs or video recordings of my child for the non-profit use of J-Gen.
- Although efforts will be made to ensure everyone's safety, I understand there are inherent risks involved in the Minor's participation in some activities and during transportation, and fully understand and assume such risks involved, both known and unknown. **In consideration of allowing my child to participate in and travel to and from the J-Gen Retreat on July 30 - Aug. 2, 2018, I agree to fully release J-Gen and its agents, and Taylor University and its agents from all liability. I understand that this is a full and complete release to the fullest extent permitted by law.**

## **Medical Treatment Authorization and Power of Attorney**

In the event the minor suffers an injury or condition, which may endanger his or her life, physical impairment, or undue discomfort if medical treatment is delayed, I authorize a staff member from J-Gen as my agent to act for me to make any decisions for the minor concerning his or her medical treatment. I understand that I as the parent/guardian will be fully responsible for any medical bills; and to use a photocopy of this form as my authorization when necessary.

*I have read, understood, and agree to all the above sections, including the "Medical Treatment Authorization and Power of Attorney", and this agreement is binding on my Heirs, Agents, Successors and Personal Representatives.*

\_\_\_\_\_  
**(PRINT Full Name)  
Parent or Legal Guardian**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**Date**

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## **Student Agreement**

I agree to abide by all guidelines given by the leadership of J-Gen. I understand that failure to abide by these guidelines will result in a warning, loss of privileges and/or dismissal from the retreat at my own expense.

\_\_\_\_\_  
**(PRINT Full Name) Student**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**Date**