

## **Under 18 Registration Permission Form**

I (Parent/guardian's name) \_\_\_\_\_ am willing to permit my child (child's name) \_\_\_\_\_ to participate fully in all activities associated with the C3LC Women's "Radiant" Retreat. While every precaution will be taken to ensure the good welfare and protection of the applicant delegate, C3 Church Lane Cove, or any persons acting on their behalf are hereby released from any and all liability in the event of any accident or misfortune that may occur to the applicant delegate/s or damage or loss to their property. In the case of a medical emergency, I give permission to the doctor chosen by the supervising leaders to secure proper treatment and/or hospitalisation, injection, anaesthetic or surgery for my child. I understand that every effort will be made to contact me prior to instituting such procedures. Completion of this payment also indicates permission for your child to be filmed and photographed for the purposes of C3 Church Lane Cove's internal advertising of future C3 Church Lane Cove's events.

Signed,

\_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 2015