## WAKACJE Z BOGIEM DLA MŁODZIEŻY

27 czerwca – 1 lipca 2016 - Marianville, MI

54886 Butcher Road, Lawrence, MI 49064

## **MEDICAL/LIABILITY RELEASE** AND ACKNOWLEDGMENT OF RISK

Participant's name: (imię i nazwisko uczestnika) data ur. (miesiąc / dzień / rok)		Born	: / /
Parent (guardian) name:	Tel: (	) <b>Tel:</b> ( .	)
Address: (adres zamieszkania)	City:	State:	Zip:
E-mail:			
Physical conditions that event organizers should b			
(choroby i dolegliwości, o których organizatorzy powinni wiedz	zieć)		
Medical insurance:			
☐ participant's agency name and policy#:			
□ purchased for the time period of the event** from (ubezpieczenie wykupione na czas wyjazdu) od do (nazwa ub		Insurance na	ame**:
□ <b>none</b> (bez ubezpieczenia)			
I hereby certify that the above named enrolle case of medical emergency (taking place representatives of Marianville Youth Camp (I treatment for enrollee. I also certify that macknowledge that some of the activities provand others, may entail known and unantic paralysis, death, or damage to enrollee. I jeopardizing the essential qualities of the actic certify that my participation in this activity is agree to indemnify and hold harmless My participation in the event. MYC and/or its agloss of personal belongings, delay or acciderany other cases beyond their control. MYC any reason including insufficient number of pany event member at any time. My registrate you and your registered participants for promi	during the course MYC) - and other assmy insurance comparided by MYC, e.g. swellpated risks which counderstand that succivity. I agree and assist voluntary. I also here YC from any and agent shall not be liablents of means of transports to participants. MYC restion provides MYC the	of the event) I here sociated organizations my or myself will convimming, horseback riccould result in physical certain risk cannoume all of the risks exeby voluntarily released ll claims, demands, le for any sickness, in sportation, any and all cancel, change, or suserves the right to de	eby give permission to and services to secure or all medical costs. I ding, soccer, basketball cal or emotional injury, to be eliminated without disting in this activity and entry in any way related to highly, death, damage or lacts of a third party, or cline to accept or retain
I understand and accept all terms and condition (Rozumiem i akceptuję wszystkie warunki i zasady prze			е.
x		1	/ 2016
Signature of a participant / or parent on behalf of up			2010