

## PERMISSION AND CONSENT FORM

I hereby authorize \_\_\_\_\_ to accompany the Royal Rangers to the 2023 Junior Leadership Training Academy (JLTA) and District Pow-Wow at Camp Jo-Ota in Clarence, MO, June 12th – 18th, 2023. I understand the arrangements and feel that adequate precautions for the safety of my child have been, and will continue to be taken. I fully understand that this setting does not lend itself well to social distancing. I will not hold the local church or its leaders; or the District Staff; or the Northern Missouri District council of the Assemblies of God; responsible for any accidents or any consequences of my child not maintaining social distancing. I accept responsibility for insurance in the event of an emergency unless I purchase event insurance through the district. I understand there will be an emergency First Aid station on location, staffed by qualified personnel.

For valuable consideration received, I grant to Northern Missouri District Royal Rangers and their representatives, the irrevocable and unrestricted right to use and publish photographs/videos of me, or in which I may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval. I hereby release Northern Missouri District Royal Rangers and their representatives from all claims and liability relating to said photographs/video.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
(Parent or Guardian)

### IN CASE OF EMERGENCY, PLEASE NOTIFY

Name \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### Minors (8-17) PARENT/LEGAL GUARDIAN CONSENT FORM

The signature of a parent or legal guardian is required in order to attend the 2023 JLTA and Pow-Wow, at Camp Jo-Ota in Clarence, MO, June 12th – 18th, 2023. A parent or guardian must sign this form, indicating permission to authorize the provisions of emergency treatment for MINOR Royal Ranger who may become ill or injured at a District event. Please complete the following:

I, \_\_\_\_\_ (Parent or guardian's name) **THE** \_\_\_\_\_ (Father, Mother, Guardian) **OF** \_\_\_\_\_ (name of child), **A MINOR, WHO IS ATTENDING A ROYAL RANGER DISTRICT EVENT, DO HEREBY GIVE MY CONSENT, IN THE EVENT THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY LICENSED PHYSICIANS, DENTISTS, OR EMERGENCY PERSONNEL SERVING THE NORTHERN MISSOURI DISTRICT AT SAID EVENT.**

**(SIGNED)** \_\_\_\_\_

**CHILD'S MEDICAL HISTORY:** Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Good Health? Yes \_\_\_ No \_\_\_ If No, Please explain \_\_\_\_\_

Allergies? \_\_\_\_\_ Physical Impairments (Heart Epilepsy, etc.) \_\_\_\_\_

Specify any medications that must be administered \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ Any special instructions? \_\_\_\_\_