



GENERAL PERMISSION FORM

Pathfinder Name: _____

The following information will be used for all club activities for the _____ Pathfinder year. Please note on each event permission form if there are any changes from this information.

All events will be sponsored by the Oregon Conference and/or the Valley View SDA Church, Medford, Oregon. I have completed the Pathfinder Health and Medical Form detailing my child's complete medical history. I do hereby state that said child is physically and medically able to participate in the club and in club activities. I hereby voluntarily waive any claim against the club or the Oregon Conference of Seventh Day Adventists for any accidents which may arise in connection with the activities of the Pathfinder Club. In the event of an accident, if said staff or representatives are unable to contact the undersigned, I hereby grant permission to said staff or representative to administer first aid, and/or to take the applicant to a medical facility for treatment.

Signed: _____ Date: _____

Printed Name: _____

Relationship to applicant: _____

I hereby give my consent for said child to ride in the vehicles provided to any Pathfinder related activities. I also release all photos and videos taken for Pathfinder promotions. This consent shall remain in continuous effect until revoked by me. I give permission to photocopy this form. A photo copy of this form shall be as effective and valid as the original.

Signed: _____ Date: _____

Printed Name: _____

Relationship to applicant: _____