

Religious Retreat Excursion Authorization

Participant Name:

Date of Retreat:

Location of Retreat:

Organizing Institution/Community:

Emergency Contact Name:

Emergency Contact Phone:

Medical Concerns/Allergies:

Authorization Statement:

I authorize participation in the above religious retreat excursion. I understand and accept all guidelines and responsibilities associated with this activity. In case of emergency, I permit the organizers to seek necessary medical attention.

Parent/Guardian Name:

Signature:

Date:
