

SLEEP OUT SATURDAY

SATURDAY, NOV. 7, 2009 2:30 PM – SUNDAY, NOV. 8, 10:00AM

**First Church of Lombard
United Church of Christ**

Registration and Release

Participant name: _____

The undersigned parent/guardian of the participant named above gives permission for that participant to stay overnight at **First Church of Lombard, 220 S. Main Street, Lombard, Illinois** from **Saturday, November 7, 2009**, through **Sunday, November 8, 2009**, and assumes all responsibility for any injuries to that participant and any loss or damage of property that may occur. The undersigned also indemnifies and holds harmless First Church of Lombard, United Church of Christ, the Illinois Conference of the United Church of Christ, the United Church of Christ, and any and all leaders supervising such activity, against any and all direct or indirect claims and damages whatsoever in connection with this outing. Further, the undersigned grants permission to Rev. Robert Hatfield or his designees to obtain any needed medical treatment for this participant.

Parent/Guardian Signature

Date

Phone # where parent/guardian can be reached in an emergency _____

All Participants must have a current Emergency Medical Information Form on file at First Church. Copies are available in the church office or can be downloaded from our website.