

**Brunswick All-Night Lock-in
Permission Slip and
Medical Treatment Authorization**

I hereby give permission for my child(ren) (names) _____
_____ to participate in the Brunswick Youth Lock-in.

In the event of injury, illness or emergency, I hereby authorize Brunswick Corporation, Leiserv, Inc. and/or their agents and employees ("Brunswick") to secure medical care and treatment for my child(ren), including, but not limited to an X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and/or hospital care as deemed reasonably necessary for the safety and welfare of my child(ren). I agree to assume financial responsibility for any resulting medical charges.

Please circle A, B and/or C

- A. My child(ren) have no special problems or medical needs of which the staff should be aware
- B. My child(ren) are in need of special care:
Medication: _____
Other: _____
- C. Food or drink that my child(ren) should not receive: _____
- D. Any allergies: _____

I fully understand that my child(ren) are required to follow all rules and requirements governing conduct during the lock-in. I hereby acknowledge that if my child(ren) is/are determined to be in violation of these behavior standards, he/she will be sent home.

I, the undersigned, hereby agree to release, hold harmless, indemnify and waive all claims against Brunswick, its related companies and/or its agents and employees for any claims, lawsuits and/or demands in any way related to or arising from my child(ren)'s presence on the Premises.

X _____ Date _____ Home Phone _____

Parental Consent Signature

_____ X _____

Print name of person picking up child(ren)

Sign here at time of pick up