

**ONE SHOT SERVICE SUNDAY
EMERGENCY RELEASE**

I, _____, in consideration of my participation in the One Shot Service Sunday (OSSS) event agree that:

1. I/ my child am prepared physically, emotionally, mentally and spiritually for this event. I/ my child will be flexible and have a servant attitude.
2. I/ my child hereby grant any of the OSSS leaders or their mission partners my permission to authorize medical treatment and medication on my/ my child's behalf. I will not hold any of the OSSS leaders or their mission trip partners responsible for the results of such treatment, medications or decisions made on my/ my child's behalf.
3. I/ my child am aware of the hazards and risks to myself and property associated with this event. I/ my child accept these conditions with full awareness and I/ my child assume all risks of injury associated with such risks.
4. I/ my child waive any and all claims for damages against New Castle Presbytery, OSSS, its leaders or their mission partners, arising from injury as a result of this event.

Signature _____ Date _____

Spouse/Parent signature _____ Date _____