

MARCH MADNESS 2010 "FLASHBACK"

ATTENTION:

EVERYONE ATTENDING MARCH MADNESS 2010 MUST TURN IN A SIGNED PERMISSION SLIP. THIS INCLUDES ALL SPONSORS. THERE WILL BE NO EXCEPTIONS. IF YOU COME (NO MATTER HOW FAR YOU CAME) AND YOU DON'T HAVE A SIGNED PERMISSION SLIP, YOU WILL NOT BE ALLOWED IN. THANK YOU FOR YOUR UNDERSTANDING.

PLEASE CAREFULLY READ THE FOLLOWING:

I HEREBY GIVE MY PERMISSION FOR

(PARTICIPANT'S NAME AND DATE)

TO ATTEND AND PARTICIPATE IN ALL ACTIVITIES AT THE OCEAN VIEW CHURCH OF CHRIST DURING MARCH MADNESS 2010 (MARCH 26-27, 2010). ALSO, I WILL NOT HOLD OVCC OR ANY OF ITS MEMBERS OR LEADERS RESPONSIBLE FOR ANY UNFORESEEN ACCIDENT(S) THAT MAY OCCUR DURING THIS EVENT. FURTHERMORE, IN THE CASE OF AN EMERGENCY, I GIVE MY PERMISSION FOR THE ORGANIZERS OF MARCH MADNESS 2010 TO ADMINISTER OR ARRANGE FOR ANY MEDICAL CARE DEEMED NECESSARY. LASTLY, I AGREE TO COME AND GET THE ONE I AM SIGNING FOR IN THE CASE OF ANY INAPPROPRIATE BEHAVIOR, WHICH INCLUDES: FIGHTING, ABUSIVE LANGUAGE, DISRESPECT, REFUSING TO FOLLOW DIRECTIONS, INAPPROPRIATE DRESS, BRINGING CONTRABAND (PLEASE SEE MARCH MADNESS COVENANT FOR A DISCRIPTION OF CONTRABAND), AND/OR INAPPROPRIATE PHYSICAL CONTACT WITH ANOTHER PARTICIPANT.

IF YOU AGREE TO THESE TERMS WE ASK THAT YOU FILL OUT THE BOTTOM PORTION OF THIS SHEET. THANK YOU VERY MUCH AND WE LOOK FORWARD TO HAVING A GREAT TIME AT MARCH MADNESS 2010.

PARTICIPANT'S NAME: _____

PARTICIPANT'S AGE AND GRADE: _____

ANY MEDICAL CONDITIONS: _____

ANY ALLEGIES: _____

EMERGENCY CONTACT AND PHONE NUMBER: _____

INSURANCE POLICY NUMBER (IF APPLICABLE): _____

SIGNATURE: _____

DATE: _____