

Release of Liability/Permission for Treatment

My permission is granted for any staff of Westwood Ministries or retreat sponsor to obtain necessary medical attention in case of sickness or injury for:  
**(PRINT NAME BELOW)**

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I, the undersigned, do hereby release and discharge all sponsors, counselors, Westwood Ministries staff, or any agent of Westwood Retreat Center in Mountain Home, Texas from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in the Basic Potters Events.

Dated this \_\_\_\_\_ **(day)**, of \_\_\_\_\_ **(month)**, 2011

\_\_\_\_\_  
**(SIGNATURE)** of Individual, Parent or Guardian)