

Pathfinder Name: _____

The following information will be used for all club activities September 2023-August 2024 calendar year. Please note on the event permission form if there are any changes from this information.

All events will be sponsored by the Northern California Conference of SDA and/or the Capitol City SDA Church. I have completed the Pathfinder Health and Medical Form detailing my child's complete medical history. I do hereby state that said child is physically and medically able to participate in the club activities. I do hereby release and discharge the Capitol City SDA Church and its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action which might be asserted on behalf of said minor and/or myself against the Capitol City SDA Church, representatives, or staff. Furthermore, in the event of an accident, if said staff or representatives are unable to contact the undersigned, I hereby grant permission to said staff or representative to administer first aid, and/or to take the applicant to a medical facility for treatment.

Signed _____ Date: _____

Printed Name _____ Relationship to

applicant _____ I hereby give my consent for said child to ride the vehicles provided to any Pathfinder-related activities. I also release all photos and videos taken for Pathfinder promotions. This consent shall remain in continuous effect until revoked in. I give permission to photocopy this form. A photocopy of this form shall be as effective and valid as the original.

Signed _____ Date: _____

Printed Name _____

Relationship to applicant _____