

Join us for a fun and adventurous time exploring the Lava Bed Caves at Lava Beds National Monument. We are traveling there for the day and then coming back to TCF for dinner, time in the word and more fun!

Meet at TCF at 7:45am - Pick Up at 8pm

Cost: \$20

Permission Form Required! (See Reverse)

# What to Bring:

- Helmet
- Lunch
- Water Bottle
- Flash Light

## REGISTER AT TRAIL.ORG/EVENTS

Questions? Rob Milton: 541.821.7261 or rob@trail.org

## Trail Christian Fellowship Medical and Permission Slip Cave Quest (November 2025)

This form must be completed and returned to Pastor Robert Milton before you may participate in this event.

Name(s) of Attendee(s):			
Birthdate(s):			
Address:			
Email:			
Primary Phone:		Υ	Ν
Health Insurance: Y N Provider:			
ID #: Policy/Group #:			
Food Allergy (s): Y N if Yes, please list:			
(Initial to allow) I authorize Trail Christian Fellowship, listed has been entrusted, to consent to any emergency examination, anesthetic, medical, surgical or dental diagrates hospital care to be rendered to the minor under the supervision and on the advice of any physician or denti provisions of the Medical Practice Act on the medical hospital or emergency care facility. The undersigned shall to pay all costs and expenses incurred in connection with dental services rendered to the aforementioned to to the medical medical to allow). I hereby grant permission to Trail Christian photos and videos containing the face and likeness of all purposes such as printed material, publications, display Pro Presenter presentations, etc., as well as for the varianternet.	in whose of transport nosis or tre general or st licensed staff of a be liable a such med his author stian Fello pove listed s, video pi	care the ation, x eatment specied under license and agdical artization whip to discount it is a for verification to discount it is a for verification and agdical artical arti	e above x-ray at and al the ed gree(s) ad/or . To use grious ons,
I hereby give permission for the above listed to attend Trail Christian Fellowship's High School & Middle named on this permission slip.			in

(Date)

(Legal Responsible Party Signature) (Phone)

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