

PARENT/LEGAL GUARDIAN PERMISSION SLIP

PARTICIPANT INFORMATION

Full name: _____
Age: _____ Grade/School: _____ Home phone #: _____
Street Address: _____
City/State/ZIP: _____
Parent/Guardian name(s) (please print): _____

PARENTAL AUTHORIZATION

Dear Parent or Legal Guardian:

Your son/daughter/individual under your guardianship is eligible to participate in an activity that may require transportation away from the church site. This activity will take place under the guidance and direction of First Baptist Church of Dover.

DESCRIPTION OF ACTIVITY

Event: _____
Location: _____
Person in charge: _____
Date of event: _____ Time of departure: _____
Date of return: _____ Time of arrival: _____
Mode of transportation to/from event: _____
Cost of event: _____

If you desire your son/daughter/individual under your guardianship, to participate in this particular event, **please complete, sign and return the following statement of consent and release of liability by _____.**

I hereby consent to participation by _____, my son/daughter/individual under my guardianship, in the event described above. I fully understand that this event may take place away from the church grounds and that my child will be under the supervision of the designated staff and/or volunteers on the stated dates. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless First Baptist Church of Dover (henceforth referred to as "the Church"), its staff, deacons, chaperones, volunteers, membership, and drivers from any and all liability that may arise out of participation in this activity. **I also give consent for emergency medical treatment if necessary, as determined by the chaperones.** I also agree to hold harmless and release the Church its staff, deacons, chaperones, volunteers, membership, and drivers from any and all liability related to expenses arising from the giving of such medical care to the extent those expenses are not reimbursed by my or my child's health insurance provider(s). As parent/legal guardian, I remain fully liable for any legal responsibility which may result from any personal actions taken by the named participant.

I hereby grant permission to the church to use my child's/individual's under my guardianship likeness on its promotional materials including, but not limited to videos, web sites, and printed materials without further consideration, and I acknowledge the church's right to crop or treat the likeness at its discretion.

I consent further to the conditions stated above, including the method of transportation.

Parent's/Guardian's Signature: _____ Date: _____

Telephone #: Day: _____ Night: _____

Alternate Emergency Contact: _____

Telephone #: Day: _____ Night: _____

Allergies or Medical Concerns: (use back for more space) _____

Doctor's name: _____ Doctor's Phone #: _____

Please staple a copy of student's insurance card to this form – even if one has been turned in before.