

# 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: Uprising 2011  
Location: Magic Springs, Hot Springs, AR  
Person in charge: Daniel Johnson  
Date of event: 8/27/11 Time of Departure: 8:00am  
Date of return: 8/27/11 Time of End: 9:00pm  
Mode of transportation during event: church bus, church van, and/or chaperone vehicles  
Cost of event: \$29.50 + lunch and dinner money

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 8/27/11.**

*Be sure to fill in blank.*

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 #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group ID: \_\_\_\_\_

**Please fill in all insurance and doctor information. Yes it's tedious, but if it wasn't necessary, it wouldn't be on the form. Do not turn the permission slip in until all information is filled out completely.**