**Parent Permission Slip for Youth Trip**

**Name of Event:** \_Jr. & Sr. High Youth Ministry Bowling\_

**Destination:** \_ **The Epicenter 3901 Brooke Drive Klamath Falls, OR 97603**\_\_

**Designated Supervisor of Activity:** \_Aaron Hreha \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date and Time of Departure:**  1:00pm Saturday, November 8th back @ 3pm Saturday, November 8th

**Method or Transportation:** \_\_\_ \_Private vehicles\_\_\_

**Student Cost:** \_$5

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of Consent**

I hereby consent to participation by my child **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

in the event described above. Name of Event: **\_\_** **Jr. & Sr. High Youth Ministry Bowling** **\_** I understand that this event will take place away from church grounds and that my child will be under the supervision of the youth leaders. I further consent to the conditions stated above including transportation.

**LIABILITY RELEASE**

Every activity sponsored by **Calvary Chapel Klamath Falls** is carefully planned and adequately supervised by mature adults. However even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold **Calvary Chapel Klamath Falls** or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or the guardians understand that they are signing for the minor listed on this form and the signature is for liability release.

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During this event I can be reached at ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Parent Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sign Parent Name)