

Emmanuel Baptist Church Permission and Release Slip for Activities

Name of Student/Child

Name of Event

_____ Has my permission to participate in _____ and any church activities related to this event.

Participation in church events offers many benefits, but I also acknowledge that participation in church-sponsored events involves certain risks and hazards of injury and/or property damage, and may result in my child being unable to contact me or to receive immediate medical care and assistance if injury occurs. I further agree to indemnify the Emmanuel Baptist Church, its officers, board members, supervisors, agents and/or employees and volunteers, for any and all damage or injury that my child may cause to result in damage or injury to himself/herself and others as a result of his/her participation in church-sponsored events. I release and waive any liabilities against Emmanuel Baptist Church, its Pastors, Elders, Deacons, supervisors, agents, and/or employees and volunteers, for any and all damage or injury that my child may cause to result in damage or injury to himself/herself and others as a result of his/her participation in church sponsored events. I release and waive any liabilities against Emmanuel Baptist Church and its aforementioned agents. I agree if my child is not behaving in a manner consistent with the church's regulations on good conduct, is not following event rules, or is being disrespectful to adults in charge of the event, that my child may be excluded from participation in any or all church events.

I acknowledge that these activities and events may include, but are not limited to, activities both on and off church property, during day or evening hours, requiring transportation by motorized vehicles and occasionally involving overnight stays. Such events and activities may involve the preparing and eating of food, using candles and fire, using scissors and other tools, and using arts and crafts supplies and other materials. Some events may involve recreational and sports activities such as, but not limited to, hiking, climbing, baseball, basketball, swimming, water skiing or tubing, paintball, airsoft and frisbee.

Signature of Parent or Legal Guardian

Date

Address

City

State

Home Phone

Work Phone

Cell Phone

Other Phone

Medical History (please check all that apply)

Heart Trouble Asthma Lung Trouble Skin Problems Hernia Ear Problems

Allergies:

Please List All Other Health Problems:

Health Insurance Company

Policy Number