PERMISSION SLIP

As a parent/legal guardian of _____, I have reviewed the information about the _____event, and give permission for the subject of this release to be involved in the overall activities.

I/We have reviewed the rules of the activities and agree that the subject of this release will abide them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by Soldotna Church of God/Third Place Youth Ministry and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold The Soldotna Church of God/ Third Place Youth Ministry, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

_____

Parent/Guardian Name (Please Print) Student Name

_____

Parent /Guardian Signature Date

_____

Address/City/Zip

_____

(W) Phone # (H) Phone #

_____

Health/Med. Ins. Co. Policy Number

Please list on back of this Release Statement any allergies and/or medical conditions the subject of this release may have. Also list any prescription medication he/she may be taking at this time.

What To Bring:

What NOT To Bring: