

Permission Slip

Event:

Date/Time of Event:

Place:

Name: _____ M F

Address: _____ Age: _____

_____ Grade: _____

Phone: _____

Emergency Contact Person: _____

Relation: _____ Phone: _____

All under 18 need parents or guardian's signature.

Medical Release: In case of illness or injury, The Home of Christ church has my permission to procure medical treatment for the above named minor. I understand that The Home of Christ does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any or all fees and charges arising from illness or injury that may occur.

Liability Release as required by our insurance: The undersigned, for himself and personal representatives, assigns, heirs and next of kin (herein referred to as releasors), hereby releases, waives, discharges and covenants not to sue The Home of Christ church., it's agents, servants and employers (herein referred to as releasees) from all liability to the releasors for whether caused by the negligence of releasees or otherwise while participating in activities. The undersigned is fully aware of the inherent hazards and hereby elects to participate voluntarily and assume all risks of loss, damage or injury that may be sustained by him or her.

I have read and understand this medical release and liability release and am in full and complete agreement.

Signature

Date