

Permission Slip

In case of emergency please sign and provide the following information:

I, the undersigned parent or guardian, hereby consents for my child,

_____ to participate in _____

on _____.

I certify that my child is able to participate in this field trip. If my child has any medical conditions that may be relevant to a physician in the event of an emergency, I have listed them below. If I cannot be reached, I hereby authorize any of the chaperones to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Willamette Valley Baptist Church and its agents and employees harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Parent or Guardian

Date

Medical conditions to be aware of:

Instructions and Medications:

Phone numbers where I may be reached in emergency:

I do NOT wish my child to participate in the following:

Insurance Information

Company _____

Phone # _____

Employee Insured _____

Relationship to youth _____

Group # _____

Policy # _____

ID# _____