



Permission Slip

I hereby give permission for _____ to participate in the field trip described below:

The date of the trip is _____ The trip is to _____

Medical Information (allergies, etc) _____

Emergency Phone Number to be reached: _____

Doctor's Name and Number: _____

Authorized to Treat Minor: In the event that I cannot be reached in an emergency, I hereby permit leaders to call 911 and/or to contact a medical facility or physician selected by True Vine Baptist Church to provide proper treatment to _____ and that I will be responsible for all expenses arising in association with such treatment.

Acknowledgment of Notification Regarding Risk: I hereby acknowledge that I have been notified whether or not the activities involved in this field trip are considered to be of "high risk" to the participants.

Indemnity and Waiver of Claim: I, the undersigned, the [choose appropriate option] Parent / Lawful Guardian of _____, hereby acknowledge that as a condition of the Child participating in the activity, agree to indemnify and hold harmless True Vine Baptist Church, its employees and volunteers, its governing board, the individual members thereof, and all other officers, agents and employees from any liability, lawsuit, cost, expense or claim of any type whatsoever (including legal fees) for any harm, injury or death arising out of the above mentioned activity.

Parent/Legal Guardian Signature _____ Date: _____

Printed Signature of Parent/Legal Guardian _____

