

Evansville United Methodist Church Permission Slip

Participant's Name: _____

Date of Birth: _____

Name/location of Event or activity: _____

Event Date: _____

Permission/Release authorization for participants under 18 years old

I, the undersigned parent or guardian, do hereby grant permission to the child listed above to attend and participate in the event activity listed above. In order for the child to receive necessary medical treatment in cases of illness or injury, I hereby authorize the event leaders to obtain and consent to medical treatment for my child for such illness or injury during the event. I hereby release and discharge Evansville United Methodist Church and its representatives, employees, volunteers and agents from any and all debts, judgments or suits of any kind which may arise or be occasioned as a result of the child's participation in all activities of the event or activity named above.

I further acknowledge and understand that by participating in this event, there is a possibility of physical illness or injury that the child is assuming the risk for such illness or injury by his/her participation. Payment of any medical bills will be paid by me or my insurance company.

We, the guardian and the participant, also give Evansville United Methodist Church permission to use the participant's image in any publication materials that might be used to promote ministry in the future.

Signature of Parent/Guardian

Signature of Participant

Parent(s)/Guardian contact phone number

I/we can chaperone

Contact Chris Anich (608.882.0117) or canich@eishome.com if you have any questions