

Student Activities Permission Slip and Release Form

Journey Youth Group

We, the undersigned, parent(s) or legal guardian of _____, a minor, do hereby give permission for said minor to leave with a group from TRUE NORTH COMMUNITY CHURCH of Bohemia, New York, USA, during the period of August 9th – August 11th, 2010.

This authorization shall remain in effect through August 11th, unless sooner revoked in writing and delivered to say agent(s).

Signature of Father Date
Legal Guardian

Signature of Mother Date
Legal Guardian

I, being 18 years of age or older do for myself, or if signing as a parent/guardian on behalf of a minor person for whom I have legal custody, do hereby release, forever discharge and agree to hold harmless TRUE NORTH COMMUNITY CHURCH and it's directors, employees, volunteers, and agents from any and all liability, claims and/or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned participant, or minor person for whom I have legal custody, that occurs while participating in the above described trip or activity.

Furthermore, I hereby assume all risk for myself and/or minor person for whom I have legal custody of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Furthermore, authorization and permission is hereby given to TRUE NORTH COMMUNITY CHURCH to furnish any necessary transportation, food, and lodging for myself and/or minor person for whom I have legal custody.

The undersigned further hereby, agrees to hold harmless and indemnify TRUE NORTH COMMUNITY CHURCH, and its pastors, directors, employees, volunteers and agents, for any liability sustained by the above parties as a result of the negligent, willful or intentional acts of said participant including expenses incurred attendant thereto.

I authorize Bryan Joles – Youth Director or his adult designees to act in my stead and give consent to any emergency attention which I may need, or if I am signing as a parent/guardian on behalf of a minor person for whom I have legal custody, which my minor child may need. Further, should it be necessary for me and/or the minor person for whom I have legal custody to return home due to medical reasons or otherwise, I hereby assume all extraordinary transportation and medical costs.

Print Name of Participant

Signature of Participant

Print Name of Parent/Guardian
(If participant is less than 18 years old)

Signature of Parent/Guardian
(If participant is less than 18 years old)

Medical Information:

Is there any special medical/health information (including allergies and medicine)?

If so, please list:

| | |
|------------------|--------------|
| Family Physician | Phone Number |
|------------------|--------------|

| | | |
|-------------------|---------------|--------------|
| Medical Insurance | Policy Number | Phone Number |
|-------------------|---------------|--------------|

Emergency Contact Information:

I understand that in an emergency, every effort will be made to contact me using the following information

Name _____ Address _____

City _____ State _____ Zip _____ Home Phone _____

Work Phone _____ Cell Phone _____ Other _____

In the event that I am unable to be reached, I designate the following person(s) as emergency contact(s):

1-Name _____ Address _____

City _____ State _____ Zip _____ Home Phone _____

Work Phone _____ Cell Phone _____ Other _____

Relationship to Participant _____

2- Name _____ Address _____

City _____ State _____ Zip _____ Home Phone _____

Work Phone _____ Cell Phone _____ Other _____

Relationship to Participant _____