

PERMISSION SLIP

Event: Girls Lock-In

Feb. 25 - 26, 2011

→ Things to bring: \$10 - White T-shirt, Pillow and Sleeping Bag

Student Name: _____

Address: _____

Emergency
Contact: _____

Home Phone: _____ Work: _____ Cell: _____

Insurance Company: _____ Policy/Group No.: _____

Physician: _____ Physician's Phone No.: _____

Are there any medical allergies, medications being taken, medical problems, or other pertinent information needed for the safety of your child at this event?

_____yes _____no (if yes please write them on the back of this form.)

Liability: I (we) do hereby release, forever discharge and agree to hold harmless the Canopy Roads Baptist Church, its leaders and its youth staff from any and all liabilities, claims 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 and the child participant that occur while said child is participating in the above described trip or activity. Further, authorization and permission is hereby given to the Canopy Roads Baptist Church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agrees to hold harmless and indemnify the Canopy Roads Baptist church as the result of negligent, willful or intentional acts of said participant, including expenses occurs attendant thereto.

I understand and will allow photos and videos of my child to be taken while at events to be used in any Canopy Roads Baptist Church medium. I also understand that publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication the church will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my photographs and video there from, and subsequently using, altering, or republishing it without my consent. I waive any claim for damages against the church from unconsented use, alteration, or republication of my photographs and video by third parties accessing the Internet/World Wide Web.

Parent Signature: _____ Date signed: _____

Please Note: This form is not needed if we have a current Canopy Roads Baptist Church Medical form on file.

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