

Central Baptist Church
Permission Slip / Liability Release
Inter-generational Nursing Home Mission Activity
Wednesday, Oct. 18, 2017

I hereby give permission for my son/daughter _____ to participate in the Inter-generational Nursing Home Mission Activity with the Central Baptist Church Youth Ministry. I understand that these activities will be conducted both on and off of our church property. I hereby grant permission to transport my child to and from this event, and to make incidental stops en route as determined by the chaperoning adults. I agree to accept full responsibility for the actions of my child and assume all risk of injury to my child should such occur during these activities or associated travel. I understand the zero tolerance drug/alcohol/violence policy and agree to pick-up my child if deemed necessary for any reason by the adult leader or church employee. I understand under Florida law, if my child is riding in a private passenger automobile which is involved in an accident, that he/she may be primarily covered for bodily injury under my family automobile policy and I agree to submit any medical bills if so incurred to my own automobile and health insurance companies. If my child is being transported in a vehicle owned by the church or church volunteer and any injury occurs /or if my child is otherwise injured during the activities described herein, I hereby release from liability and agree to hold harmless the adult chaperones, church employees, and Central Baptist Church. In the event of illness or accidental injury, I hereby authorize the church employee or adult chaperone to obtain medical treatment for my child as deemed necessary. If the church employee or other adult chaperone is unable to contact us for any reason, he or she is further authorized to use his or her judgment in making care decisions for our child, and I agree to pay in full and be responsible for, any and all expenses incurred for said treatment. **Parent's initials.** _____

- I authorize Central Baptist Church to use my child's image, both in print and electronically, for promotional purposes. _____ **Please initial.**

Student _____ Sex : M F Age ___ Grade _____

Address _____

Phone: Home _____ Bus. _____ Cell _____

Parent E-mail address _____

Who is permitted to pick-up the student? _____

Parent Signature: _____ Date: _____

Parent Name: _____

(Please Print)

Witness Signature: _____ Witness Name: _____

(Please Print)