

**Open Door Bible Church
Single Event Permission/Release Form**

EVENT: _____

EVENT DATE: _____

PLEASE PRINT

Child's Name: _____

Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____

Phone: _____

Parental Authorization:

I hereby give my permission for the minor child/ren named above to participate in the following event _____. Furthermore, should it become necessary, I give permission to the group leaders to secure emergency medical and surgical treatment, and to provide routine, nonsurgical medical care for the minor child named above while traveling to, from, and attending these group activities. I understand that all reasonable safety precautions will be taken by Open Door Bible Church and its leaders. I agree to not hold Open Door Bible Church or its leaders liable for damages, losses or injuries to the above minor.

Signature of Parent/Guardian: _____

Date: _____