

This is the form the youth group uses for general permission to attend all activities.

1-YEAR EVENT PERMISSION SLIP, AUTHORIZATION FOR HEALTH CARE, RELEASE, AND HOLD HARMLESS AGREEMENT

As a parent/legal guardian of _____ (hereinafter referred to as the "Subject"), I give permission for the Subject to participate in the activities and events of Open Door Bible Church for the period from September 1, 20____ through August 31, 20_____.

I/We have reviewed the attached guidelines and agree that the Subject will abide by them. I/We also acknowledge that if the Subject has to return home early for discipline violations, it will be at my/our sole expense. I/We have reviewed the guidelines for payment of activities and events and agree that we will fulfill our obligation in accordance with those guidelines.

I/We understand reasonable safety precautions will be taken by Open Door Bible Church and its agents, employees, leaders, and volunteer staff during the activities and events. In case of an emergency, I/We authorize any treatment by an accredited hospital, and/or by a physician, nurse, emergency medical technician, first responder or other health care provider deemed necessary for the Subject. I/We acknowledge and understand the risk of hazards, including but not limited to property damage, bodily injury to and death of the Subject, associated with the Subject's participation in the activities and events, and of being transported to and from the activities and events, including damages, injuries and/or death caused by or resulting from the negligent acts or omissions of other participants, church agents, employees, leaders, and volunteer staff, and third-parties with whom the Subject may come into contact in the course of his or her participation. I/We, on behalf of myself/ourselves and on behalf of the Subject, do hereby release and agree to hold harmless Open Door Bible Church, its agents, employees, leaders, and volunteer staff from any and all claims, costs, damages, demands, expenses, judgments, liability, losses, and pecuniary losses, of every kind and amount whatsoever arising out of, or resulting in whole or in part from, the Subject's participation in the activities and events of Open Door Bible Church.

Parent/Guardian Name (print) _____ Subject Name _____
Parent /Guardian Signature & Date _____ Subject Birth Date _____
Address/City/Zip _____ / _____ / _____
(Home) Phone # _____ (Other) Phone # _____
Health/Medical Ins. Co. _____ Policy Number _____

Please list below any allergies and/or medical conditions the Subject of this release may have. Also list any prescription medication he/she may be taking at this time. I/We hereby authorize church leaders, staff and/or any health care provider to administer to the Subject, as prescribed, any medications listed below, and such other medications as may be necessary in the event of a medical emergency.

1. _____
2. _____
3. _____
4. _____
5. _____