

MISSION KIDS

Date

PERMISSION FORM AND RELEASE OF LIABILITY

NAME _____

PARENT'S OR GUARDIAN'S NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY PHONE AND NAME _____

A. I give my child permission to ride in transportation provided by Trinity United Methodist Church, its staff, members, and volunteers, and grant permission for the above named child to participate in the Mission Kids activities provided by Trinity United Methodist Church.

B. I give permission to any adult chaperon representing Trinity United Methodist Church to act in my behalf if my child is injured or ill and I cannot be reached.

HEALTH INSURANCE COMPANY _____

POLICY NUMBER _____

C. The following are special conditions concerning my child of which chaperons should be aware. (Include allergies, food problems, physical conditions, medications currently taking, or other needs.)

D. In consideration of Trinity United Methodist Church providing supervision and transportation in conjunction with Mission Kids activities, I hereby hold harmless Trinity United Methodist Church, its staff, members, and volunteers and for my heirs, executors, and assigns do release and discharge Trinity United Methodist Church, its staff, members, and volunteers from all claims, action, demands, and compensation whatsoever which I may have now, or in the future, on account of or in any way growing out of circumstances related to Mission Kids activities, except for gross negligence. I further declare that the terms of the Release are contractual and not a mere recital.

I understand that Trinity takes pictures and pictures of my child may be used on Trinity's website.

THE UNDERSIGNED HAS READ AND FULLY UNDERSTANDS THIS RELEASE.

SIGNATURE OF PARENT

OR GUARDIAN _____

DATE _____