

# OAK GROVE BAPTIST CHURCH ELEMENTARY MINISTRY 2010

## PERMISSION SLIP

\_\_\_\_\_ has my / our permission to participate in the listed event on the back of this form. I / we will in no way hold the leaders of the church responsible in the event of an accident. Should there be an accident or injury requiring medical attention, the leader has my / our permission to seek medical attention at the nearest hospital or medical facility at the parents' expense. Our phone number(s) and address are as follows:

Home Telephone: \_\_\_\_\_ Work/pager/other: \_\_\_\_\_

Address: \_\_\_\_\_

If you are unable to reach me / us, please call: \_\_\_\_\_

At home (phone) \_\_\_\_\_ or at other (phone) \_\_\_\_\_

Our personal physician is \_\_\_\_\_ Phone: \_\_\_\_\_

Our insurance company is \_\_\_\_\_ Policy #: \_\_\_\_\_

*If your child is under medical treatment, on medication, has allergies, a physical disability, or other medical problems we should know about, please describe:*

\_\_\_\_\_

\_\_\_\_\_

### Photo/Video Release

I understand that as my child or another member of my family is a participant in this event, that I or another member of my family may be photographed / videotaped during this function. These photos / videos may be used in presentations and/or promotional materials. By signing, I release Oak Grove Baptist Church to use these photos and/or videos during church related events. Signed: \_\_\_\_\_

### Child Covenant

I understand that if my behavior causes the leader of the activity to call my parent, I may be asked to not participate and my parent will be required to come to the event and pick me up.

Child's Signature: \_\_\_\_\_

In the event that the aforementioned child should disregard any rules, the parent(s) will be responsible for the immediate transportation of the child back home.

Parent(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

### Notary

I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge Oak Grove Baptist Church, its leaders, and sponsors from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while traveling to and from and participating in the Retreat.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2010. Signature \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 2010, personally appeared before me \_\_\_\_\_ personally known by me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 2010. State of Maryland. County of Harford. My commission expires \_\_\_\_\_.

Notary Public