

# PERMISSION SLIP

Richfield Church of the Nazarene  
7524 E. Mount Morris Road  
Otisville, Michigan 48463  
(810)653-6218

**What:**

**When:**

**Where:**

**Who:**

**Cost:**

## **APPROVAL OF PARENTS AND GUARDIANS AND WAIVER OF CLAIM**

I hereby approve of this activity and expressly waive any and all claims against the Richfield Church of the Nazarene, or any of its [district/regional boards], or its representatives because of injury or other damage that may be incurred to:

\_\_\_\_\_ [Student's Name] or said applicant's property in connection with or incident to this trip.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_

Parent/Guardian Cell Phone \_\_\_\_\_