

Permission Slip and Release Statement

As a parent/ legal guardian of _____, I give

Permission for the subject of this release to be involved in the overall activities of

Bethlehem Lutheran Church for 2010 and 2011. I/We also acknowledge that if the subject of the release has to return home early for disciplinary reasons it will be at my/our expense.

I/We understand that all reasonable safety precautions will be taken at all times by Bethlehem Lutheran Church and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/ or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the possibility of risk. I/We agree not to hold Bethlehem Lutheran Church, its leaders employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/ Guardian Name (Please Print)

Student Name

Parent/ Guardian Signature

Date

Address/City/Zip

(W) Phone #

(H) Phone #

(C) Phone #

Health/ Med. Ins. Co.

Policy #

Please list on the back of this Release Statement 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.