

# Event Permission Form

**Outing:**

**Student:**

<i>Date</i>		<i>Time</i>	
<i>Location</i>			
<i>Cost</i>			
<i>Transportation</i>			
<i>Notes</i>			

The above named minor has my permission to attend and participate in the outing listed above. I give permission to the supervising members to act in my behalf in administering emergency medical treatment for accident or illness as necessary to, from and during this outing.

I hereby voluntarily waive any claim against the leaders and sponsoring institution for any and all causes which may arise in connection with this activity. I also certify that to the best of my knowledge, the minor is physically fit to engage in the activity described.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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