

Project X – Student Ministries Event Information, Permission and Waiver Form

(One form required per attendee)

Event:

Location:

Dates of Event:

Student's Name:

Student's Cell Number:

Parents' Name(s):

Parents' Phone Number(s): Cell:

Home:

Emergency Contact:

Medications Required:

Special Needs or Instructions:

Allergies:

I, _____ as parent / guardian of
_____, give him / her permission to participate in the
above-stated activities of *Project X – Student Ministries of Spry Church*. I understand the
possibility of unforeseen hazards and know the inherent possibility of risk. I understand all
reasonable safety precautions will be taken at all times by Spry Church and its agents during
the above-stated events and activities. I agree not to hold Spry Church, its leaders,
employees, and volunteer staff liable for accidents, damages, losses, illnesses, or injuries
incurred by the subject of this form which may occur during, on the way to, or on the way
from the above-stated event or activity. In addition, I give the bearer of this document my
permission to authorize any emergency medical care for my child that may appear necessary
during his/her attendance.

Signature:

Date: