

We the undersigned grant permission for _____ (the "Participant") to participate in the below described "Activity": _____

We, on behalf of ourselves, our heirs, executors, successors, and assigns, in consideration of permission for the Participant to be involved in the below designated Activity, do hereby release and agree to indemnify, defend, save and hold harmless First Pentecostal Church of Pensacola, its agents, employees and successors, from any and all responsibility and liability arising out of the Participant's involvement, directly or indirectly in the "Activity" and from the administering of or the obtaining of and consenting to first aid or medical care. We are fully aware of the hazards and dangers of participating in the Activity and assume full responsibility and liability for any and all expenses, damage, accident illness injury, or medical expense of and to Participant of our property resulting from such participation.

In the absence of one of the Participant's parents or guardians, we hereby authorize First Pentecostal Church of Pensacola, its agent or employee to administer first aid and to obtain and consent on behalf of the Participant and the Participant's parents or guardians, any emergency first aid or medical care by any physician, hospital, or attendant which may be needed by Participant as a result of involvement in the Activity. We agree to abide and be bound by such decisions and consent as if made by us and assume full financial responsibility to secure adequate insurance for such first aid and medical care.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel during the duration of the Activity. I understand that as the parent/guardian of Participant, I must complete the Medical and Insurance Information form in addition to this form. If your child has special medical needs or routinely must take medication, you must complete the medical treatment authorization form in addition to this form. A copy of this permission form will accompany the activity chaperone(s)

Date

Parent or Guardian

Date

Parent or Guardian

NOTARY

Signed before me this _____ day _____, 20____,

Identification

Known by me

Signature of Notary