



PERMISSION FORM



Student's Name _____

DOB _____

Allergies/Medical Conditions _____

Event Name: _____

Best Emergency Contact _____ Phone _____

____ I give my child permission to participate in the above mentioned event(s).

____ I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

____ I understand that transportation to and from the event may be provided by either church vehicles or personal vehicles operated by church-approved adult drivers. (Direct questions of approval to Holly Cable)

____ I agree to RELEASE FROM LIABILITY and to INDEMNIFY AND HOLD HARMLESS the organizers and sponsors of this event, CENTRAL & WESTVIEW PRESBYTERIAN CHURCHES, their Presbytery, their Session, Pastors, Staff, and Congregation for any damage, injury or death to (myself/my child) or to any person or property, whether caused by their NEGLIGENCE or for any reason, in any way connected with preparation or participation in this activity.

____ I also authorize and consent to any emergency X-Ray examination, medical diagnosis or treatment that may be necessary, provided it shall be under the general or special supervision and on the advice of our family physician or, if it is not practical to reach our family physician, any nurse, emergency medical technician, or physician licensed to practice medicine.

____ I grant to CENTRAL & WESTVIEW PRESBYTERIAN CHURCH & it assigns the right to use my child's image & likeness in all forms & media for all purposes, publically, throughout the world & in perpetuity. I release CENTRAL Longmont & its assigns from any claims regarding the use of my child's image & likeness.

Parent Signature _____

Date _____

Parent's Name (Print) _____ Best Phone # _____