

Manahawkin Baptist Church

“2026” Permission Slip

Student Name: _____

Student Street Address: _____

City: _____ State: _____ Zip: _____

Event Emergency Contact: _____

Relation: _____

Phone Number: _____

Parent/Guardian Name(s): _____

Parent/Guardian Email: _____

Parent/Guardian Cell No.: _____

Insurance Co. Name: _____

Insurance Co. ID#: _____

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the “minor child”). I hereby give my consent to have my minor child participate in the activities of **MANAHAWKIN BAPTIST CHURCH (“MBC”): “Youth Group Activities”** (hereafter “the activities”) from January 1, 2026-December 31, 2026.

I recognize that there are risks involved in participating in these activities and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity. To the fullest extent permitted by law, I release **MANAHAWKIN BAPTIST CHURCH**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activities and agree to save and hold harmless **MANAHAWKIN BAPTIST CHURCH**, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child’s participation in the activities.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Further, I grant **MANAHAWKIN BAPTIST CHURCH** permission to use graphics/photos taken at any student ministry activity on a royalty-free basis; to post the image on the **MBC** website and any other **MBC** publication deemed necessary for the express purpose of ministry advertisement, ministry edification, information dissemination, or general church programming. Specific names will not be identified.

Signed: _____

Date: _____

