



Ticket **MUST** be accompanied by \$10 fee and completed permission slip signed by ticketholder's parent.

STUDENT INFORMATION

Student Last Name	Student First Name	Gender	Birthdate
Address			
City	State	ZIP Code	Grade Level
Email Address			School
Home Phone			Cell Phone

PARENT/GUARDIAN INFORMATION

Mother/Guardian Last Name		Mother/Guardian First Name	
Email			Cell Phone
Father/Guardian Last Name		Father/Guardian First Name	
Email			Cell Phone
Emergency Contact Last Name		Emergency Contact First Name	
			Cell Phone

INSURANCE AND EMERGENCY INFORMATION

Company Name		Phone
Policy No.		Group No.
Physician Name		Phone
Please list any known allergies		
Please list current medications and conditions being treated		
Medication	to Treat	
Medication	to Treat	

I am the parent or legal guardian of the student named above, a minor, and have given my consent for him/her to attend events being organized by the Church, including the event specified above. I understand that there are inherent risks involved in any ministry or athletic event. I voluntarily elect or accept and solely assume all risk of damages and injury incurred or suffered by the student named above while attending events organized by the Church, including the event specified above. I hereby agree not to sue and release the Church, its pastors, employees, agents, volunteer workers, elders, and representatives from any and all liability, claims, damages, and costs for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement in events organized by the Church, including the specified above. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, and costs including attorney fees which may arise from any claim or cause of action made by me, through me or on my behalf even if caused in whole or in part by any of the parties or entities hereby released. In the event that he/she is injured and requires medical attention, I consent to any reasonable medical treatment as deemed necessary by a licensed health professional. In the event treatment is required from a licensed professional and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such medical care. I also agree to hold harmless and release the Church, its pastors, employees, agents, volunteer workers, elders, and representatives from any and all liability related to expenses arising from the giving of such medical care to the extent those expenses are not reimbursed by my or the student's health insurances. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above at the time of the event specified above. I also agree to bring my child home at my expense should he or she become ill or if a student ministries staff member deems it necessary.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, CONSENT, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

	has my permission to attend and participate in the Immanuel Batavia Eagle Invitational Neon Night Dance on Sat., Feb. 9, 6:30-8:30 PM.	
I give my assurance that	will pick my child up after the dance at 8:30 PM.	
Parent/Guardian Name		
Parent/Guardian Signature		Date
<input type="checkbox"/> I will be a chaperone at the dance.		