

Permission, Release, and Consent

Event: _____ Date of Event: _____

Church Name: Center Grove Church Group Leader: _____

(Please Print)

Student Name: _____

Address: _____ Birthdate: _____

City, State, Zip: _____ Home Phone: _____

E-mail Address: _____

Male Female Age: _____ Grade: _____ (2016/2017)

I hereby give my permission for myself or my child to travel in the Center Grove Church bus to _____ and participate in all activities planned during this trip. I hereby release, hold harmless and absolve Center Grove Church, their officers, staff, sponsors, and all others who have participated in the planning, organizing and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event I or my child requires medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the Center Grove Church staff or any adult counselor acting on behalf of Center Grove Church with respect to the activity, to consent to any X-ray examination, medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all my child's medical allergies, medications being taken, medical problems and other patient information.

I hereby release and discharge Center Grove Church and all affiliated entities from any and all claims, demands, or causes of action that I have in connection with the use and exercise of the rights granted in this release.

If applicable, I am listing any medical problems or allergies: _____

Name of Insurance Company: _____

Policy Number: _____

Emergency Contact Person: _____

Emergency Day Number: _____ Emergency Night Number: _____

Signature of Parent or Legal Guardian: _____ Date: _____