

ENON BAPTIST CHURCH
871 ENON CHURCH ROAD
EASLEY, SC 29640

PERMISSION SLIP

This form will be on file at the church office for the current church year.
20__ / 20__.

I give permission for _____ to participate in all youth and church-sponsored trips away from the church premises throughout the current church year. Youth will be accompanied by a chaperon and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the church premises. I further understand that I may revoke permission for a specific trip per written note.

Although the church/youth council desires to provide a safe and enjoyable time for youth, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off church trips and their associated activities. In consideration of my youth being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Enon Baptist Church, its affiliated organizations, employees, agents and representatives, including volunteer and other drivers, from any and all claims arising from my youth's participation. This release agreement does not apply to claims of intentional (Criminal) misconduct or gross negligence by the church, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the church can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the church contact me. If the church cannot reach a parent/guardian after conscientious effort, I/we give permission for church staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists. I/we give permission for church staff to immediately call paramedics and then contact me/us as soon as possible thereafter. I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

(Father/Mother-Guardian's Signature)

Date

(Name Printed)

(Phone Number)