

# PERMISSION SLIP

**bYg: 15 Passenger Van Pickup or Drop-off Service**

**Wednesday Nights, Pickup begins at 4:30pm, Drop-off begins at 7:30pm.**

**Student Name:** \_\_\_\_\_

**Student Pickup / Drop-off Address:**

\_\_\_\_\_

**Student Cell Phone Number:**

\_\_\_\_\_

**Home Phone Number:**

\_\_\_\_\_

**Additional Emergency Phone Number:** \_\_\_\_\_

## **AUTHORIZATION**

I give permission of my child to participate in the activity as described above, and to be transported as authorized by the leadership of Bethesda Evangelical Covenant Church.

As a parent or legal guardian, I authorize a licensed physician to examine the named participant and in the event of injury to render such emergency care as he or she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize the leadership of Bethesda Evangelical Covenant Church to send the named student to the hospital or doctor most accessible.

**Parent or Legal Guardian Signature:** \_\_\_\_\_

## **WAIVER OF LIABILITY**

The undersigned wishes their child(ren) to participate in the activity as described above during the times as described above and acknowledges that he/she understand the risks of injury. In consideration of being able to participate, the undersigned, on their behalf and his/her personal representatives and heirs, hereby assumes all risks associated with participating in this activity. Further, the undersigned, on their behalf and his/her personal representatives and heirs release Bethesda Evangelical Covenant Church, and when appropriate, volunteers, as well as their officers, directors, employees, agents, and representatives of each such person or entity, from any claims or liabilities of any kind arising from participation of the undersigned. This undersigned expressly agrees that the foregoing Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the law of the jurisdiction in which the activity is conducted. Therefore, the undersigned agrees that if any provision of the Release and Waiver of Liability and the application of its provisions to other reasonable circumstances or extent will not be affected and will continue in full force. I have read and understand the above:

**Parent or Legal Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_