

Dolores Park Church Overnight Permission Slip

I understand that Dolores Park Church, participates in physical activities, goes on outings in the church van, and attends retreats at locations from rustic and rugged to comfortable and cozy. I also understand that participation in any activities, outing, van excursions and retreats will carry risk inherent to such activities and events. Of my free will, I desire to participate in activities which carry a special risk of injury to loss to a person to property including but not limited to: swimming, hiking, ropes courses, team building, sledding, inner tubing, riding in a vehicle in traffic, concerts, amusement parks, organized games, travel by public carrier and understand such activities have risks.

In consideration for being permitted to engage in such activities, I agree to abide by all expressed rules and requirements for the activity. For myself and any who would claim under me I release and discharge Dolores Park Church, it's trustees, employees, and agents from any liability resulting from loss or damage to my person or property as a result of my attendance at to participation in this activity, excluding any liability arising solely from negligent action of Dolores Park Church, it's trustees, employees or agents.

For those under the age of 18

I consent to participation by _____ (student's name) in the above described activities and fully agree with this release.

Signature of Parent or Legal Guardian

Date

This permission slip is valid for all youth group activities from today's date until June 30th, 2011.

Insurance Policy Holder _____

Insurance Policy Number _____

(Please include a copy of the front and back of your insurance card)

Parents Consent For Emergency treatment

I authorize First Covenant Church of San Francisco or it's representatives to obtain such medical aid or assistance as might be required for the immediate care of my son/daughter/other in the event of an emergency. In no event will First Covenant Church of San Francisco or its representatives be held liable for any first aid rendered or treatment performed pursuant to this consent.

Signed _____ Date _____

Emergency Phone Numbers

Name _____ Number _____

Name _____ Number _____