

**IMMANUEL UNITED CHURCH OF CHRIST
221 CHURCH STREET
FERGUSON, MO 63135
(314) 521-7324**

Permission Slip

I give my son/daughter _____ permission to attend the following youth event:

Date:

Location:

Parent Drop-off Location:

Parent Drop-off Time:

Parent Pick-up Location:

Parent Pick-up Time:

I hereby agree to release, hold harmless and will indemnify, remise and discharge Immanuel United Church of Christ of Ferguson, Missouri, its Pastor, the Church Council Members, its Director of iYouth, its Adult Advisors, its affiliated ministries, committees and organizations from all claims, demands, actions and causes of action of any sort, for injury sustained to my child, whether in the nature of personal injury or property damage as a result of any of the activities associated with this trip. In addition, for the same aforementioned consideration, I/we hereby release the same aforementioned parties from any financial responsibility of any sort including, but not limited to, debts and/or damages of any sort incurred by my/our child as a result of this trip.

I realize that every effort will be made to contact me in an emergency situation involving my child. In the event I cannot be contacted, I hereby authorize any Immanuel Church Youth Advisor or Director of iYouth to seek and authorize emergency and/or life saving measures, included, but not limited to, the following: any emergency x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the jurisdiction in which such treatment is sought, and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered to the minor by any dentist licensed to practice in the jurisdiction in which such treatment is sought.

I give my permission for my child to have HIS/HER photograph taken as part of any individual or team photographs and for these photographs to be used and reproduced by Immanuel United Church of Christ in such a manner, as they deem appropriate. Usage will be in line with any guidelines within Immanuel United Church of Christ Safe Church/Child Protection Policy.

I/WE HAVE READ AND UNDERSTAND THE FOREGOING RELEASE. I/WE EXECUTE THIS INSTRUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signed _____
(Parent/Guardian)

Emergency Phone # _____ Date _____