

Church of Christ
Permission Slip and Liability Waiver
for Activities & Events

Name of Activity/Event: _____

Teens Name: _____

Date of Birth: _____

I, as parent or legal guardian, do hereby give permission for my teen named above to attend the above-mentioned activity/event. I also do hereby grant the Church of Christ volunteers present the right to authorize emergency medical treatment for my teen in the event that I or my designated representative cannot be reached. I agree to hold harmless the Church of Christ and its agents from liability arising out of accident situations. The State of Ohio Good Samaritan Law will apply.

Signature: _____ **Date:** _____

Parent Information

Father/Guardian: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Mother/Guardian: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Emergency Contact in the Event Parents Cannot Be Reached

_____ **Phone:** _____

_____ **Phone:** _____

Allergies/Medical Conditions: _____

Insurance Information (The Columbus Church of Christ assumes that your child is covered by your insurance.)

Policy Holder: _____ **Company:** _____

Insurance Company: _____ **Policy Number:** _____