

PERMISSION SLIP – MINOR OR GUARDIANSHIP

Purpose

A person under eighteen years of age, or under guardianship because of a mental disability, is generally unable to sign a contract or to release a future claim. Especially when there are elements or risk such as outdoor or athletic activity, it is important that an organization serving children have the permission of parents or guardians for the child to participate. It is also critical that parents or guardians be given complete information about the planned activities and exposures to injury that may exist in the activity. In addition, the child program leaders may be called to make emergency medical care decisions in the absence of parents and must have permission to direct care.

This form is intended to apply to a short term local daily program in which a child can be rejoined with parents/guardian within hours. A more extensive permission is appropriate for events in which a child is isolated by time and distance from parents/guardian.
(delete this section)

Disclaimer

This form is provided as a sample for informational purposes only in demonstrating relationships with respect to insurance contracts and contracts of indemnity, and not for the purpose of providing legal advice. You should contact your attorney to obtain advice with respect to any particular contractual or legal matter as may apply in your state. Use of this form does not create an attorney-client relationship.

The form below requires that a parent release the claim of their minor child. While some states permit this, other states do not. Consult legal counsel to determine the law of the particular state before adopting this form.
(delete this section)

First Real Nice Church
123 Blessing Ave., Bethlehem, PA
PERMISSION SLIP – MINOR CHILD OR GUARDIANSHIP

Participant Child Information (Child):

Participant Child Name: Matthew N. Mark, Jr.
Date of Birth: Jan 15, 1955

Custodial Parent or Guardian (Parent):

Name: Mary Mark
Address: 127 Easter Ave., Bethlehem, PA
Phone No.: 123.456.7890
E-mail Address: markymark@gmail.com

Emergency Contacts:

Name: Mary Mark	Alternative: Matthew N. Mark, Sr.
Relationship: Mother	Relationship: Father (non-custodial)
Phone No.: 123.456.7891	Phone: 123.456.9876
Alt Phone No.: 123.654.1987	Alt Phone No.:
E-mail Address:	E-mail Address:
Physician Contact:	
Name:	
Office Phone No.:	

Planned Activities:

By way of example, planned activities might include the following. Descriptions should be as explicit as necessary to convey risks, limitations, individual qualifications or supervision planned.
(delete this section)

<ul style="list-style-type: none"> • Baseball vs. softball • Lake swimming vs. pool swimming 	<ul style="list-style-type: none"> • Food service, serving, bussing and cleaning only. • Small arms training, .22 cal bolt action rifle
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<ul style="list-style-type: none"> • Mountain biking on forest trails • Sailing, 12' foot dinghies w/ other children • Horseback riding w/ supervision of mounting and dismounting; no bareback • Night hiking • Hiking, challenging terrain • Challenge course with zip line. • Basketball, outdoors • Habitat for Humanity, supervised construction 	<ul style="list-style-type: none"> • Archery • Paint ball, off-site commercial facility • Travel to Mexico (or out of country) • Gymnastics, cheerleading • Power boating, adult licensed skipper • Canoeing & kayaking, Class I river (or lake) • Climbing wall, 30 ft., adult on belay • Charter bus or scheduled airline travel • Host church hall sleeping and dining
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Inclusive Dates: May 1 thru May 15, 2013

I (We) the Parent(s) give permission for my(our) above named Child to engage in the Planned Activities which may be sponsored in whole or in part by **First Real Nice Church (Church)** for the Inclusive Dates.

I (We) understand that there are numerous risks associated with participation in any youth outdoor, athletic and social activities including, including intentional or unintentional acts or events arising from circumstances or individuals over which the Church has only limited control or no control whatsoever.

Should my (our) child require immediate or emergency medical care while engaged in an activity sponsored by the Church, in my (our) absence, I (we) hereby grant the Church authority to release my child for medical treatment to such medical personnel as the Church determines appropriate under the circumstances.

In consideration for the privilege of allowing my (our) Child to participate in the Planned Activities, I agree to release, hold harmless, defend and indemnify the Church, its officers, agents, employees and volunteers, from any liability or responsibility for bodily injury, damage or illness to my (our) Child arising out of participating in any youth outdoor, athletic or social activity which may be directly or indirectly sponsored by the Church. Further, I agree to indemnify and hold harmless the Church, its officers, agents, employees or volunteers, with respect to any claim asserted by or on behalf of my (our) Child as a result of bodily injury, illness, or damage.

My (our) Child has the following medical conditions, allergies or impairments which may be material to participation in the Planned Activities:

It is understood that no medications will be administered to any Child, and it is expected that daily medications will have been administered as needed before arrival at daily activities.

It is understood with respect to any injury or illness that may occur in the course of the Planned Activities that any health insurance available to the Child's family or guardian shall be primary coverage. The Church shall be responsible only for family deductibles and co-payments within the limits of Medical Payments coverage carried by Church.

READ CAREFULLY. THIS PERMISSION IS A LEGAL DOCUMENT WHICH PROVIDES A RELEASE OF LIABILITY AND INDEMNIFICATION.

<p>Custodial Parent or Legal Guardian</p> <p>(X)</p> <hr/> <p>BY: (signature)</p> <p>Name:</p> <hr/> <p>Date:</p>	<p>Non-Custodial Parent (when required)</p> <p>(X)</p> <hr/> <p>BY: (signature)</p> <p>Name:</p> <hr/> <p>Date:</p>
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