SOLOMON TEMPLE MINISTRIES INTERNATIONAL

PARENT PERMISSION FORM AND WAIVER OF LIABILITY NOTICE

Date: _____

Dear Parent/Legal Guardian:

On_____ the _____ Ministry will be going on an outing to the following:
_____.

They will be traveling by: ☐ Bus ☐Van ☐ Car ☐ Feet ☐ Train

They will be leaving the church at this time: _____, and will be returning to the church on this date: _____, and at this time: _____ (a.m.) or (p.m.)

A ***Written Permission*** and ***Waiver of Liability*** from you as the parent or guardian must be on file for each participant that is attending this outing. Kindly fill out the lower portion of this form and return it to the church. The outing is voluntary/at-will participation" it is not mandated, force or command by the church to attend this or any other outing.

Thank you,

Tear at the dotted line and save the upper portion for future reference

The Cost of the outing: $ _____, which includes: ☐food ☐ water ☐ stay ☐ entry fee

☐No cost outing ☐Match-Cost outing (i.e., 50/50 share-the-cost)

I hereby give my permission for _____ to participate in the following voluntary outing:

Destination of Outing: _____

Departure/Return Information:
Date Leaving: _____ Time: _____ Date Returning: _____ Time: _____

In the event of an illness or injury, I do hereby authorize the activity supervisor to consent to whatever emergency medical, surgical or dental care is considered necessary in the best judgment of the attending physician, surgeon or dentist. _____

I agree to pay for such medical care rather or not the costs are insured by my health insurance coverage. _____

I understand that an attempt will be made to contact me, by telephone if possible, before such care is administered. _____

Parent(s)/Guardian Contact Name:_____

Name of Medical Insurance: _____
Emergency Medical Facility: _____ and number(s): _____
Medical history that may be of importance: _____
Medication participant is taking (if any): _____
Any allergies to medicine/food, etc.: _____

I, *the undersigned, the parent or legal guardian* of the above participant, acknowledge that as a condition of my son / daughter / ward who's participating in this said activity, hereby agree to hold harmless, and waive all claims and liability against *Solomon Temple Ministries International*, its officers, agents, employees, and volunteers, for any injury, accident, illness, or death occurring during or by reason of this outing.

I have read, understand, and agree to all provisions stated above. I give my permission for my child/participant to attend this outing. Parent Name/Signature: _____ Date: _____
Address/City/Zip Code: _____
Contact#: _____

CMO: _____ MO: _____

CMO Contact #: _____MO Contact #: _____