

## ANNUAL PERMISSION FORM FOR YOUTH ACTIVITIES

### **ACTIVITY INFORMATION**

Name of Sponsoring Organization: Lebanon Bible Fellowship Church

Address: 1635 Mill Road, Lebanon, PA, 17042 Telephone: 717-273-4802

Description of Activities: All church sponsored and chaperoned Youth Fellowship events, both on and off campus, including, but not limited to: group transportation, meetings, group games, outreach & service activities, camping trips & retreats, Teen Week, and other various events.

Date of Activities: June 1, 2011 – May 31, 2012

### **EMERGENCY INFORMATION**

Teen's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

Is the Teen covered by personal/family medical insurance?  Yes  No

If yes, name of insurer: \_\_\_\_\_ Policy or group number: \_\_\_\_\_

### **GENERAL RELEASE/HOLD HARMLESS AGREEMENT**

As the parent or legal guardian of the above student, I agree to the following:

1. **DESIRE-** The student above desires to participate in the program, events, or activities (hereinafter collectively referred to as "Activities") operated or sponsored by the LEBANON BIBLE FELLOWSHIP CHURCH and its Youth Ministry.
2. **POSSIBILITY OF INJURY-** The student above may incur personal injury or bodily damage while participating in such Activities.
3. **NECESSITY OF PERMISSION SLIP-** The student above cannot participate in such Activities without releasing and holding harmless the Church and the Youth Ministry.
4. **GENERAL RELEASE AND DISCHARGE-** I, the undersigned, request that the Church and its Youth Ministry allow the student to participate in the Activities and in consideration thereof agree to hereby release, and forever discharge the Church, its Youth Ministry, the Pastors, its Officers, and any parties volunteering on behalf of the Church or its Youth Ministry from all actions, claims, damages, costs, expenses, or damages of any kind growing out of or related to the Activities.
5. **RELEASE FOR INJURY AND DAMAGES-** I authorize the treatment of the student by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in the Activities, including transportation to and from the site. This authority is granted only after a reasonable attempt has been made to contact me, the parent/guardian.

Therefore, being the parent or legal guardian of the student named above, I give my permission for him/her to attend/participate in such Activities under the direction and supervision of the Youth Ministry of the Lebanon Bible Fellowship Church.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_