

APC Youth Ministry Permission Slip

Student's Name: _____

Event: _____ Location: _____

Leaving APC: _____ Returning: _____ Cost:\$ _____

I authorize the Event Leaders, in whose care the minor has been entrusted to secure medical treatment as deemed necessary by the Event Leaders, I further authorize said Event Leader to sign any consent thereto as fully as if I could if I were personally present. Whenever possible the Event Leaders will attempt to contact the parent(s)/guardian(s) for guidance and direction and will attempt to allow the parent(s)/guardian(s) to speak with any health care provider prior to any procedure or treatment. I agree to pay all costs and expenses incurred in connection with such medical and dental services rendered. .

Should it be necessary for my child/ward to return home due to medical reasons, I shall assume all transportation costs. I also give permission for my child/ward to ride in any vehicle designated by the Event Leaders, in whose care the minor has been entrusted while attending and participating in activities sponsored by Ashburn Presbyterian Church.

The Ashburn Presbyterian Church is pleased to provide programs and activities as part of its Ministry. Participation in programs and activities are contingent upon the participant's appropriate behavior. Any participant not conducting himself/herself in this manner at any program or activity will be required to leave the program or activity at the expense of the parent/guardian when informed by the Event Leaders in whose care the minor has been entrusted.

I do hereby release and discharge Ashburn Presbyterian Church, the Staff, and the Event Leaders from all claims, injury or property damage during the participant's participation in activities herein, and further agree to indemnify and hold harmless Ashburn Presbyterian Church, the Staff, and the Event Leaders, from all claims, actions and causes of actions, that may at any time be made or brought for injuries or damages arising out of activities sponsored by APC.

Photographs from this event may be posted on an internet website by Ashburn Presbyterian Church. I understand that any pictures featuring my child/ward will only be used within the context of APC's Youth Ministry. If any name is used, I understand it will only be his/her first name.

A Current **Medical Information Sheet** must be on file for each student.

Please provide any **new** or **updated emergency information** on the back of this form.

Signed: _____
(Parent/Guardian) (Home Phone) (Cell Phone)

Signed: _____ Date: _____
(Participant)

Other Emergency Contact: _____
(Name) (Home Phone) (Cell Phone)