

Permission Form Waiver

I _____, the parent/guardian of _____ ("my child"), give permission for my child to attend _____.

I understand that personal injury can and may occur to my child, and I hereby authorize **Pastor Matt Furnish**, or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release **The Bridge of Hope Worship Center**, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the Bridge of Hope Worship Center, or Event Location.

I give my student permission to engage in all sponsored activities associated with this event. If there are activities I do not wish them to participate in, I will list those activities below.

Please list any and all conditions/allergies that may affect your child participating in activities being planned during this event.

I agree and consent to all of the above stated.



(Parent Signature)

(Date)

(Emergency Contact Name and Phone Number for the Day of the Event)

Contacts: Matt Furnish- 812-530-6196. Stephanie Furnish 812-350-6235