# Fountain Street Church

## Permission Slip & Liability Waiver

**September 2011 – June 2012**

My son/daughter, _____, has my permission to travel within Kent County under the supervision of and accompanied by Fountain Street Church staff and/or volunteers during the months above and during normal Fountain Club hours (between 2:45 and 4:45 p.m. on Sundays). I understand that the church or its representatives will make every effort to inform me within forty-eight (48) hours of the times and locations of off-site activities. I also understand that the church or its representatives will ask for additional permission if activities take youth outside of Kent County or will be overnight.

In consideration of Fountain Street Church organizing this event and allowing my son/daughter to participate in such activities and events, neither my son/daughter nor I (nor our respective heirs, successors, executors, administrators, or assigns) will hold Fountain Street Church or its agents responsible or institute suit for any damage, loss or injury that may be sustained as a result of my child's participation in the activities identified at the top of this page.

I give my permission for adult leaders to authorize emergency medical treatment for my son/daughter.

_____ _____ _____

Parent / legal guardian signature Date Home Phone

Cell Phone_____

Primary Physician's Name and Address _____
Emergency Hospital preference, if any _____
Medical Insurance Name and Policy # _____

Any medical, psychological, or dietary needs/concerns? Please list dosages and special needs here:
_____

Please authorize another adult who may make an emergency decision regarding your youth if we do not reach you.
Name: _____ Phone: _____

*All participants are expected to behave with respect and care for one another in order to fulfill the purpose of Fountain Club: to seek personal growth and to contribute to the growth of others. Use of drugs or alcohol and/or any misbehavior that threatens the safety of others will result in expulsion.*

We, the parent/guardian and youth, have read, understood, and agree to the terms above.

Son/Daughter Signature: _____

Parent/Guardian Signature: _____