



BOYS TO MEN RETREAT PERMISSION SLIP FORM

As parent/legal guardian of _____, I grant
(Print Child's Name)

Permission for him/her to participate in the Boys To Men Retreat

Destination: New Prospect Church Camp Grounds

Date/time starting: July 25th 6:00pm

Date/time ending: July 26th 6:00pm

Signature of Parent/Guardian

Date

I am aware that when I am at a church -sponsored trip, I am under the jurisdiction and supervision of the church /chaperones and that my behavior must conform to a *Code of Conduct*, I understand I must follow any/all reasonable instructions from chaperones. I understand I will not be able to stay for the duration of the retreat if I intentionally disregard instructions, rules and regulations.

Signature of Student

Date

Acknowledgement of Liability Limitations and Assumption of Risk

Ohio law provides that Church Chaperones, Volunteers and/or their agents or employees, are not ordinarily liable for property damage, personal injury or accidental death, except in instances of *gross negligence*. Accordingly, parents **assume risks any time children are permitted to travel and/or participate in church -related events**. The New Prospect Baptist

Church acknowledges that you are not waiving your child's or your personal rights, as defined under the liability limitations by signing this permission authorization. However, the **above-signed parent/guardian acknowledges disclosure that the New Prospect Baptist Church reserves all rights, immunities, and qualified defenses available to it under the law in connection with the permitted activities subject of this authorization.**



EMERGENCY CONTACT AND MEDICAL INFORMATION

Emergency Contact Information:

Name

Phone Number

Relationship to Child

Medical Conditions:

Please list any medical conditions your Child has and any medications he/she currently takes;

Condition: _____

Medication(s) _____

Condition: _____

Medication(s) _____

Condition: _____

Medication(s) _____

Please List any food allergies: _____
