

PERMISSION SLIP
D.U. Day (Destination Unknown)
June 10, 2015

As a parent/legal guardian of _____, I have reviewed the information about the D.U. Day (Destination Unknown) event, and give permission for the subject of this release to be involved in the overall activities.

I/We have reviewed the rules of the activities and agree that the subject of this release will abide them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by McCORD RD. CHRISTIAN CHURCH and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold McCORD RD. CHRISTIAN CHURCH, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name (Please Print)

Student Name

Parent /Guardian Signature

Date

Address/City/Zip

(W) Phone #

(H) Phone #

Please also fill out an accompanying emergency medical form or make certain your child's medical form on file is current.