Motley Free Methodist Field Trip Permission Slip

| Group <u>M.F.M.C Youth Group</u> | Phone 218-839-0007 |
|--|--|
| Date: August 17th 2016 | |
| Activity <u>:</u> | |
| Adventures with Charlie at Charlie and Estell | e Poultons |
| | |
| Departure time: <u>5pm</u> | Departure Place <u>M.F.M.C.</u> |
| Return Time: <u>8pm</u> | Return Place <u>M.F.M.C.</u> |
| Transportation Van and Car | Cost : <u>n/a</u> |
| Each participant should bring <u>a change of</u> | of clothes and a towel |
| Adult Chaperones:Richard,Craig,Sue and Angie | |
| Phone: Craig 218-839-0007 Richard 218-296-1954 | |
| We will have canoe races and other fun activities | |
| | |
| Please complete the form below and return b Keep the top pa | art of this form |
| Permission Slip | |
| This activity will take place under the guidance at from Motley Free Methodist Church. I agree on behalf of myself, my heirs, assigns, ex harmless and defend Motley Free Methodist Chur representatives associated with this field trip from from or in connection with my child's participation In the event of an emergency, I hereby give perm emergency treatment, administration of anesthes In the event of a medic hospital or physician is unable to contact me. Th and nursing personnel within the physician's staf | tires transportation to a location away from the church. Ind direction of church employees and/or volunteers executors, and personal representatives, to hold such, it's officers, directors, The agents, employees, or in any and all liability claims, loss or damage arising in this field trip. hission to transport my child to a hospital for sia, surgical treatment(s) for my minor son/daughter cal situation occurring during my absence or when the his authorization extends to any hospital, physician(s) f. he taken of my child/dependant on this trip which may |
| Signature of Parent/Guardian Home Address | Date |
| Home AddressEn | CityZip hergency Phone |
| | |

Return the bottom part of this form