



VIVA All Nighter Permission Slip

*** VIVA Youth will be having an All-Night Event at New Life Church, 402 E. Washington Ave, El Cajon 92020 from 8:00 p.m. on Friday, May 10, 2013 till 8:00 a.m. Saturday, May 11th.

*** We will be transporting students from New Life church to Parkway Bowl in El Cajon as well as Boomers in El Cajon.

*** The cost for this event is \$10.00 per student. Any additional spending \$\$ will be their responsibility.

*** The VIVA Staff will be supervising at all times.

*** VIVA Youth will provide pizza, drinks, snacks and breakfast.

*** Students are welcome to bring a pillow and blanket if they decide to sleep at anytime during the event but sleep is NOT ENCOURAGED! ☺

*** If you have any questions regarding this event, please contact Ashley Fink at (619) 944-1687.

As a parent/legal guardian of _____, I have reviewed the information about the **All-Nighter**, and I give permission for my child 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 CHURCH/ORGANIZATION NAME 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 CHURCH/ORGANIZATION NAME, 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 _____

(Cell) Phone # _____ (H) Phone # _____

Health/Med. Ins. Co. _____ Policy Number _____

Please list below any allergies and/or medical conditions the subject of this release may have. Also list any prescription medication he/she may be taking at this time.