

PERMISSION FORM

I hereby give my consent for _____ to participate in Youth Winter Retreat, from December 28th to January 1st, sponsored by Mount Zion Baptist Church.

We will be leaving Mount Zion Baptist Church Friday, December 28th and Returning Tuesday, January 1st.

I understand that insurance coverage for accidental injury or sickness will not be provided by Mount Zion Baptist Church and I agree that I will be responsible for any medical expenses that might be incurred because of accident or illness.

I do I do not have insurance to cover accident or illness.

I give I do not give my consent to give the above person aspirin/Tylenol or other commonly used medication.

I hereby release Mount Zion Baptist Church, its agents, employees, or volunteer workers from any liability for accidental injury or sickness which may occur to the above mentioned person while participating at the **Youth Winter Retreat**, I also give my consent to the sponsors to authorize emergency medical treatment for the above mentioned participant while trying to contact me at one of the phone numbers listed on this form.

I understand that I am responsible if the above mentioned person is required to leave in advance of time when any furnished transportation leaves, for discipline reasons, then I agree to pay for transportation back.

Signed this _____ day of _____, _____
(Day) (Month) (Year)

(Signature of Parent or Guardian if under 18) (Relationship)

EMERGENCY PHONE NUMBER(s): _____ or _____

Notary:

Date: _____