

EASTSIDE PRAISE CHURCH OF GOD
6300 BILLTOWN ROAD—LOUISVILLE, KENTUCKY 40299
(502) 267-6393

PERMISSION FORM
OUT OF STATE

I/We the parent(s) or legal guardian of **NAME:** _____ do hereby release from any and all liability and otherwise hold harmless EASTSIDE PRAISE CHURCH, any and all adult sponsors or church staff acting in their supervisory capacity for personal injury, property or other type of loss which occurred as a result of the following event at:

LOCATION: _____

DATE: _____

TIME: _____

I/We authorize EASTSIDE PRAISE CHURCH, its Staff and Chaperones to seek and arrange emergency medical care, hospitalization, or surgery that may become necessary in my/our absence and I/We will assume financial responsibility for the same.

I/We further express our appreciation for the church organization of the event and adults who are giving their time for the event to be a success.

Date: _____ / _____ / _____

Parent/Guardian Signature: _____

Note: The Staff and Chaperones of EASTSIDE PRAISE CHURCH will make every reasonable effort to properly supervise, control and render safe all activities in the planned trip above.

Subscribed and sworn to before me,

This _____ day of _____, _____.

NOTARY PUBLIC

My commission expires: _____ / _____ / _____

RESPONSIBLE PARTY

Social Security: _____ Relationship: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Name of Insurance Co. _____ Policy No. _____

Insurance Group No. _____

Is your insurance through your employment? _____

If Yes, please list name of company where you are employed. _____

List any special medical requirements or allergies: _____
