

GA Lock-In Permission Slip

Name of Child: _____

I give permission for the following (check one)

- My daughter is in 3rd – 6th grade and will be spending the night. I will pick her up at 7:00 a.m. on Saturday, October 28th.
- My child is in 3rd – 6th grade and will NOT be spending the night. I will pick her up at 9:30 p.m. on Friday, October 27th.
- My child is in 1st – 2nd grade and I will pick her up at 9:30 p.m. on Friday, October 27th.

By signing this permission form, I understand the following:

- Parents must provide a phone number where they can be reached during the evening in case of emergency.
- Parents will be called to pick up their daughter if she leaves the building for any length of time and/or acts in a manner deemed unacceptable by the GA Leaders.

Parent Information

Name: _____

Mobile Number: _____ Email: _____

In the event of an emergency it is vital we have medical/contract details for your daughter.

Any known allergies/disabilities: _____

Emergency Numbers

Name: _____ Number: _____

Name: _____ Number: _____

I agree that the information stated above is correct and that the information may be distributed to leaders it may concern.

Liability Release/Waiver

I hereby consent to my child's participation in the activity described above and agree to assume all of the risks related to such participation. I recognize that the described activity could involve

In consideration of the personal benefits accruing to my child through participation in this program and other good and valuable consideration, I hereby release, and hold harmless, Shades Crest Baptist Church, its agents and employees from any and all liability, actions, causes of actions, claims, expenses and damages on account of injury, property damage or death as a result of my child's participation in the above-described activity ("Claims"). I agree to indemnify Shades Crest Baptist Church for any such Claims brought by me or a third party from any costs associated with defending or litigating such Claims, including, but not limited to, attorney fees, costs, and legal expenses.

I have carefully read and understand the foregoing release. I sign this release of my own free will and understand that it is a legally binding agreement.

Signature of Parent or Legal Guardian: _____ Date: _____

Printed Name: _____

For use by Leaders:

Paid Amount & Date: _____ Initials: _____