

YOUTH GROUP PERMISSION SLIP

I give _____ permission to attend
(name of youth)

_____ with the Bethany Baptist Youth Group.
(activity)

on _____ at _____
(date) (time)

I/We understand all reasonable safety precautions will be taken at all times by Bethany Baptist Church and its sponsors 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 Bethany Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/guardian PRINTED name: _____

signature: _____

1>Emergency Contact: _____

Phone _____

2>Emergency Contact: _____

Phone _____