



Youth Ministry Permission Slip and Parental Consent/Release Form

Name _____ Age _____ D.O.B. _____
LAST FIRST M.I. MONTH/DAY/YEAR

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Name: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact

Name and Telephone Number of Someone Not Living with You

Date: _____

Field Trip Destination or Activity: _____

Departure/Start Time: _____ Pick-Up Time: _____

In consideration of my child's participation in the Youth Ministry, I hereby release, waive and forever discharge any and all liability or claims I may have and agree to defend and hold harmless, Shiloh Baptist Church, Shiloh Baptist Church Youth Ministry, their affiliates, related entities, employees, respective Staff, Leaders and Volunteers from all liability, claims, lawsuits, or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever, which may be incurred by my child while he/she is participating in the above described event. I hereby agree to assume sole responsibility for any damages incurred as a result of the negligent, willful or intentional acts of my child and thereby assume any expenses as a result thereof.

I acknowledge and understand that Shiloh Baptist Church is committed to ensuring that all Youth Ministry activities are conducted in a smoke-, alcohol-, drug-, profanity-, disrespect- and violence-free environment. In light of this and to help ensure the safety of all participants, I further understand that if my child is in possession of drugs, alcohol or tobacco products, engages in any illegal conduct or refuses to follow the directions of Shiloh Baptist Church Staff or Volunteers, I will be called immediately to pick up my child and he/she will be prohibited from any future off-campus activities offered by Shiloh's Youth Ministry. In the case of an emergency, Shiloh will immediately contact the parent/legal guardian first, and if Shiloh cannot contact the parent/legal guardian, the Emergency Contact listed above shall then be contacted.

If anyone other than me is authorized to remove my child from the care of Shiloh's Youth Ministry Staff and/or Volunteers, their name is listed below. I understand that these individuals may be asked to provide photo identification at any time and that absent sufficient proof of identity, Shiloh Baptist Church Youth Ministry is not obligated to allow them to remove my child.

Name: _____

Phone #: _____ Relationship: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____