Permission Slip Form

l,	(Parent/Guardian), do for my child,
	, hereby release forever discharge and agree to hold harmless:
	First Baptist Church of Edwardsville 534 St Louis Street Edwardsville, IL 62025
injury, sickness, or death as we	rs, leaders and workers there from any liability claims or demands for personal ell as property damages and expenses, of any nature whatsoever which may be hile participating in any and all activities with the above listed establishment and
Furthermore, I hereby assume participation in recreation and v	all risk of personal injury, sickness, death, damages and expenses as a result of vork activities involved therein.
directors, leaders and workers	s to hold harmless and indemnify said organizations, its representatives, for any liability sustained as the result of negligent, willful or intentional acts of nses incurred attendant thereto.
	urch of Edwardsville, the right to take photographs of my child in connection te First Baptist Church of Edwardsville, its assigns and transferees to copyright, int and/or electronically.
•	n of Edwardsville may use such photographs of me with or without my name luding for example such purposes as publicity, illustration, advertising, and web
Date:	Event:
Ι,	(Parent/Guardian), give permission for
	to participate in mentioned above event on mentioned above date.
During the activity, I may be re-	ached at:
	(Primary Number),
	(Secondary Number).
If I cannot be reached in the ev	ent of an emergency, the following person is authorized to act in my behalf:
Name:	
Phone:	Relationship to Student:
Signature of Guardian:	Date:
Updated 2019	