# Calvary Chapel Silver Springs

## PERMISSION SLIP AND MEDICAL/PHOTO RELEASE

The undersigned parent/guardian of: _____ _____
(Child's Name) (Date of Birth)

_____ _____
(Child's Name) (Date of Birth)

Herby grant permission for the above named child to participate in the following:

| | | |
|---|---|---|
| Event: | | |
| Date: | Time: | Fee: $0 |

| | |
|---|---|
| Supervising Volunteers: Pastor Dennis Hubbard | Phone No: 530-867-1295 |
| Supervising Volunteers: | Phone No: |
| Supervising Volunteers: | Phone No: |

Transportation will be by: _____

Photo Release: I understand that photographs/videos may be taken of a minor, family members, or myself while participating in CCSS programs. I give permission to use any such photos/videos in advertising, social media, and promotional materials.

Emergency Treatment: The undersigned parent(s)/guardian(s) having legal custody or control of a minor, grant emergency permission for any emergency treatment and hospital services that may be rendered to said minor, family members, or myself. I have carefully read this agreement, waiver, photo release, and fully understand its contents. I am aware that this is a release of liability, and a contract between CCSS and me, and I sign it of my free will. This contract is not limited to any time period and is for any duration of time in which I, my children, or family participate in any programs of CCSS.

In consideration of the advantages of participation in the above listed activity, the undersigned agrees that Calvary Chapel Silver Springs, its staff, volunteers and owner of vehicles(s) used for the field trip shall be released and exempt from any liability for damages for bodily injuries or property damages that may occur during the trip, except to the extent of insurance liability as provided by law.

It is understood that authorization, in case of emergency during the trip, is given in advance to the supervising staff member for any medical treatment advisable by a licensed physician until parent/guardian can be contacted.

_____
(Print - Parent/Guardian Name) (Sign - Parent/Guardian Signature) Date:

_____
(Home Phone Number) (Cell Phone Number)

_____
(Emergency Name/Relationship) (Phone Number)

Allergies/medical problems/disabilities: _____

_____