

GPC YOUTH PERMISSION SLIP

_____ has my permission to attend
Participant's Name

Event: Great Escape

Place: Western Carolina University
with Gaithersburg Presbyterian Church.

Leaving GPC at 4:45am on June 27, 2010
Time Date

Returning: July/1/10, 7:00PM Travel will be by: Bus
Date/Time

Cost: \$425 (paid)

We (I) authorize the Event Leaders, in whose care the minor has been entrusted to secure medical treatment as deemed necessary by the Event Leaders, including, but not limited to, examination, X-ray, hospital care, hospitalization, injections, anesthesia, surgery and any other medical dental diagnosis or treatment for our (my) child/ward.

We (I) further authorize said Event Leader to sign any consent thereto as fully as if we (I) could if we (I) were personally present. Whenever feasible and possible the Event Leaders will attempt to contact the parent(s)/guardian(s) for guidance and direction and will attempt to allow the parent(s)/guardian(s) to speak with any health care provider prior to any procedure or treatment.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforesaid child pursuant to this authorization.

Should it be necessary for our (my) child/ward to return home due to medical reasons, the undersigned shall assume all transportation costs.

The undersigned does also give permission for our (my) child/ward to ride in any vehicle designated by the Event Leaders, in whose care the minor has been entrusted while attending and participating in activities sponsored by Gaithersburg Presbyterian Church.

The Gaithersburg Presbyterian Church is pleased to provide programs and activities as part of its Ministry. Participation in programs and activities are contingent upon the participants appropriate Christian behavior. Any participant not conducting himself/herself in this manner at any program or activity will be required to leave the program or activity at the expense of the parent/guardian when so informed by the Event Leaders in whose care the minor has been entrusted.

I do hereby release and discharge Gaithersburg Presbyterian Church, the Staff, and the Event Leaders from all claims, injury or property damage during the participant's participation in activities herein, and further agree to indemnify and hold harmless Gaithersburg Presbyterian Church, the Staff, and the Event Leaders, from all claims, actions and causes of actions, that may at any time be made or brought for injuries or damages arising out of activities sponsored by Gaithersburg Presbyterian Church.

Photographs from this event may be posted on an internet website by Gaithersburg Presbyterian Church. I understand that any pictures featuring my child/ward will only be used within the context of GPC's Youth Ministry. If any name is used, I understand it will only be my child/ward's first name. The purpose of these pictures will be to promote our program and to generate excitement among our youth.

Please provide any new or updated emergency information on the back of this form.

Signed: _____
(Parent/Guardian) (Home Phone) (Cell Phone) (E-mail)

Signed: _____ Date: _____ Internet Photo Permission? Yes No
(Participant)

Other Emergency Contact: _____
(Name) (Home Phone) (Cell Phone)

Cut-off for Parents and Participants to keep

Great Escape June 27, 2010 Western Carolina University
Event Date Location

\$425 (PAID) 4:45am July 1, 2010 7:00PM See Packing List
Cost Time of Departure Returning Bring

Caitlin Dallas 240-997-6571
Contact Person Emergency Telephone Number