

trip slip

[event permission slip]



journey's crossing youth ministries
23 w. diamond ave • gaithersburg, maryland 20877
[o] 310.963.9250 ext 104

_____ has my
[name of student],
Full permission to attend and participate in the
activities sponsored by Journey's Crossing on

[date[s] of event]

signature of parent/legal guardian date of signature

2010-'11 youth medical Form on file?

yes no

circle one

By signing the above, I authorize an adult, designated by Journey's Crossing, in whose care my child has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical or dental diagnosis or treatment and hospital care, in case of medical emergency, to be rendered to my child under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I shall be liable and agree to pay all expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my child to return home due to medical reasons or otherwise, I shall assume all transportation costs.

I give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while attending and participating in activities sponsored by Journey's Crossing.

(con't on back)

The individual identified on this Form understands that all students are expected to abide by the program rules and be directly responsible to the Youth Pastor or Head Youth Leader on the trip/event. The Journey's Crossing Youth Pastor/Lead Youth Leader assumes responsibility for discipline at the program and, if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning the student home.

Further, I do release and hereby agree to hold blameless Journey's Crossing and its youth leaders from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Journey's Crossing Youth programs or trips. I also release the lessor of properties on which the program is held. I agree to pay for any damages to Journey's Crossing or lessor facilities as determined by Journey's Crossing or program officials.

Further, I do allow Journey's Crossing to use photographs and video footage shot at the program or trip of the individual named above for promotional materials.

Further, I do certify that said child is covered by adequate accident insurance. My consent and signature is given on the front side of this page.

I have read and agree to the information given in this entire form.