

Permission Slip

_____ has permission to attend
Name

Activity

on _____ . We will leave at

_____ and return about _____ .

In consideration of the opportunity for my son/daughter to participate, and fully recognizing that such an undertaking involves an element of risk, I hereby release and indemnify the River of Life of Idaho Falls, ID, its employees and officers, chaperones, leaders, organizers, sponsors and persons transporting our son/daughter from any and all liability arising from claims of any kind or nature whatsoever from my son's/daughter's participation in this activity.

I understand that very effort will be made to care for my son/daughter at this activity. However, in event of accident or illness, I give my consent to the youth leadership to utilize whatever medical or emergency services they deem necessary.

Parent/Guardian Signature: _____ Date: _____

Phone where I may be reached:

Home

Work