

**SAKS BAPTIST CHURCH YOUTH TRIP
PERMISSION SLIP**

YOUTH NAME _____ AGE _____ BIRTH DATE _____

ADDRESS _____

PARENT'S NAME _____ HOME PHONE # _____ CELL # _____

ANY IMPORTANT MEDICAL CONDITIONS OR ALLERGIES: _____

NAME ON INSURANCE CARD _____ TYPE OF INSURANCE _____

CONTRACT # _____ GROUP # _____

I, _____, do hereby grant my permission for
(child) _____, to go to _____
with the Saks Baptist Youth during the dates of _____.

My signature gives my permission for my above said child to receive medical treatment as deemed necessary by Stephen Sapp or Daniel Harper. My signature relieves Saks Baptist Church, it's employees, it agents, and any adults accompanying on the trip from any liability charges incurred while traveling to and from _____, and during the stay there, including any and all activities. My signature also represents my permission for my child to engage in any and all possible activities including but not limited to: swimming and hiking. I hereby accept responsibility for any and all damages caused by my youth while on any part of the trip.

I HAVE READ AND UNDERSTAND THE ABOVE WAIVER AND AGREE TO ITS TERMS

Parent or Guardian Signature

Notary Signature

Witness Signature