

Date: _____

To: First Christian Church (Disciples of Christ) of Denton, Texas

I am the Parent / Lawful Guardian of _____ .I grant permission for my child to participate in the youth function described below:

Destination: _____

Date(s): _____

Purpose: _____

Scheduled time of

return: _____

Method of transportation: Church Provided Transportation

Emergency contact number(s)(parent or guardian): _____

Authorized to Treat Minor: I hereby permit Youth Workers of First Christian Church (DOC) of Denton, Texas to call 911 to provide proper treatment of my child and that I will be responsible for all expenses arising in association with such treatment.

Prescription or Over the Counter Medication: I certify that I have on my file in the Church office, a current profile enlisting necessary medications that my child must take.

Acknowledgment of Notification Regarding Risk: I hereby acknowledge that I have been notified whether or not the activities involved in this field trip are considered to be of "high risk" to the participants.

Indemnity and Waiver of Claim: I, _____, the Parent

/Lawful Guardian of _____, hereby acknowledge that as a condition of the Student participating in the activity, agree to indemnify and hold harmless First Christian Church (DOC) of Denton, its employees and volunteers, its governing board, the individual members thereof, from any liability, lawsuit, cost, expense or claim of any type whatsoever (including legal fees) for any harm, injury or death arising out of the above mentioned activity.

Parent's Signature: _____