



Child/Youth Fitness
PARENT/GUARDIAN PERMISSION SLIP

INFORMED CONSENT

I have received information about the Fitness Ministry with regards to an overview of its physical activities, dietary/healthy living teaching sessions, and possible trips/outings related to such. As parent/guardian, I hereby give permission for my son/daughter to participate. I also give permission for him/her to be transported by private car, van or the church van for any such activities.

INDEMNITY & RELEASE OF LIABILITY:

I consent to my child's participation in this ministry and acknowledge the recommendation to consult with my personal physician for a medical clearance to do so. I understand all reasonable safety precautions will be taken at all times by Triedstone Church and its representatives during the activities/events. However I understand the possibility of unforeseen hazards/ physical injury and know the inherent possibility of risk.

I hereby indemnify, defend, and hold harmless Triedstone FGB Church and its employees, leaders, volunteers, and representatives from any and all liability for damages, losses, disease, injuries which may rise out or as a result from such participation. This includes physical/fitness activities on or off the church premises. I also authorize them to obtain any emergency medical attention that may be required during my child's attendance. I release the church and its representatives from any liability in the event of an accident in route, during, or returning from an activity.

I have read and understand this agreement and have willingly placed my signature as evidence of my acceptance of all the conditions contained herein.

Child/Youth Name Print: _____

Parent/Guardian Name Print: _____

Parent/Guardian Signature: _____

Telephone # _____

DATE: _____

List any special medical conditions that we should be aware of:

List any prescription medication(s) that he/she may be taking at this time:

