

Zion Gospel Temple

www.revolutionri.com

401-435-6900 (office)

401-649-6130 (cell)

***** Permission Slip *****

Day of meetings: every Tuesday @ 7pm

Trip/Event: Zion Gospel Temple's youth ministry: Revolution

Address: 70 Leonard Ave (Church's lower level)

City: East Providence State: RI Zip: 02915

I/We _____ the parent(s) or guardian(s) of

_____ hereby give my/our authorization to his/her participation in any and all **Zion Gospel Temple** activities. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities, including being transported in volunteer's automobiles (non church owned or insured). I/We do further hereby release, absolve, indemnify and hold harmless Zion Gospel Temple, its administrators, supervisors, teachers, organizers, volunteers appointed by them. In case of injury to my son/daughter, I/We hereby waive claims against the **Zion Gospel Temple**, its administrators, supervisors, teachers, organizers, and volunteers appointed by them. I/We likewise release from responsibility or liability any person transporting my son/daughter to or from said activities.

The undersigned specifically acknowledges that a risk of injury exists and assumes said risk with respect to participating in any activity sponsored by **Zion Gospel Temple**.

X _____

Parent(s)/Guardian(s) Signature

Date

***** Photo Release *****

I hereby grant Zion Gospel Temple permission to use my child's likeness in a photograph in any and all of its publications, including Facebook, website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Zion Gospel Temple and will not be returned.

I hereby irrevocably authorize Zion Gospel Temple to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Zion Gospel Temple programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears. I hereby hold harmless and release and forever discharge Zion Gospel Temple from all claims, demands, and causes of action which I, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of the church have or may have by reason of this authorization.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Parent's Signature

Date

***** Medical Release *****

In case of Medical Emergency I/We hereby consent and designate Zion Gospel Temple Staff members present at event permission to make any decisions regarding medical treatment relating to injuries incurred on the said event. Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me. I also give my consent to any physician/surgeon to whom my child is taken for treatment, to administer drugs and medication and to perform such treatment the emergency requires for the relief of pain and/or the preservation of my child's life, and/or health and well being. Any cost incurred not covered by insurance will be paid by me. I agree to waive, release, and hold harmless Zion Gospel Temple, it's officers, agents, employees, and volunteers from and against any and all claims, cost, liabilities, expenses or judgments, and hereby agree to indemnify and hold harmless Zion Gospel Temple from and against any and all such claims.

X _____
Name of Health Insurance Policy #

X _____
Parent(s)/Guardian(s) Signature (1) Emergency Phone #

Street Address

City, State, Zip Code

X _____
Parent(s)/Guardian(s) Signature (2) Emergency Phone #

Please list any allergies, medications being taken, medical problems, or other pertinent information:
