



ANNUAL PERMISSION SLIP

** ONE Form Per Student Please – Print Legibly **

Calendar YEAR _____

STUDENT'S NAME _____ Date of Birth _____

Home Address _____ Home Phone _____

[EVENT] I, _____, the **parent/legal guardian** of the student above, give permission for my student to participate in Oneighty/NLCFLC events, to include all sponsored activities therein, throughout the above calendar year. I understand I can withdraw at any time by electronic or written request. [MEDIA] I also give permission to have my student's images/pictures taken and posted to social media as part of the group/event. [WATER BAPTISM] In the event of a water baptism (pool or ocean), I give additional permission for my student to voluntarily participate, unless noted below.

In the event of an emergency affecting the health or welfare of my student, the sponsors, leaders, or adult chaperones have my permission to administer first aid and/or transport my student to the nearest doctor or hospital for further medical attention, as deemed necessary. I further agree to be liable for and to pay for all costs incurred in connection with such medical attention.

I hereby release **Oneighty/New Life Christian Fellowship**, it's employees, agents, and volunteers, from any and all liability, claims, demands, causes of action, and possible causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by my student while participating in or travelling to and from any approved event.

I agree to accept full responsibility, financially or otherwise, for any damage my student may do to any property, or properties visited, other's personal property, or vehicles used for transportation during this event. **Should it be necessary for my student to return home due to medical reasons, behavioral issues, or otherwise, I (or my designated adult) shall immediately come to the event city to get my student or assume all transportation costs.**

Signature of Parent/Legal Guardian

Date Signed

Parent/Legal Guardian BEST Contact Phone(s)

Secondary Emergency Contact Name/Phone/Relation

ACTIVITY RESTRICTIONS

List any personal, medical, or physical restrictions to any of the event planned activities below:

