

EPI C UTH M I N I S T R I E S

Ministry Tour 2009

PERMISSION SLIP

Name: _____ Age: _____

TRIP DATE(S): 6_14 TO 6_18

DESTINATION: VARIOUS (SO. CALIF.)

TIME LEAVING: 1:00 PM (SUNDAY)

TIME RETURNING: 12:00 P.M. (FRI.)

LEAVING FROM: THE CHURCH

RETURNING TO: THE CHURCH

COST: \$60 (STUDENTS WILL NEED TO BRING MONEY FOR FOOD.)

I hereby grant permission for my child to participate in the above-described activity and agree to indemnify and hold harmless the Brimhall Road Assembly of God Church, their officers and employees, from any and all liability for injury which may be suffered by my child, arising from or in any way connected with his/her participation in the activity named above. I understand that if I do not personally drive my child to and from the activity, that my child will be transported to and from the trip in the personal car of a parent and/or church employee or transported in a church sponsored vehicle. In case of emergency, I give my permission for my child to be treated in a hospital, by private physician, or other emergency facility as deemed necessary.

SIGNED: _____
(PARENT OR LEGAL GUARDIAN)

DATE: _____

Notes, Medical Concerns, etc.:
