firstbaptist ST CHARLES

STUDENT PERMISSION FORM

Please Print

Student Name: _____ **Birth date:** _____ **Grade:** _____

Address: _____ **Zip:** _____ **Student Phone:** _____

Parent Name(s): _____ **Email:** _____

Home Phone _____ **Parent Cell(s)** _____

I give permission for my student to attend the events, activities, and service projects associated with First Baptist Church of St. Charles Student Ministry. I further give permission for my child to be transported to and from events by church authorized volunteer drivers.

I do hereby release, absolve, indemnify and hold harmless the First Baptist Church of St. Charles, the organizers, sponsors, and supervisors from any and all loss, or other damage to us or the above named child arising out of the trip or activity. In the case of injury to the child, I hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I release from responsibility any person transporting our child to and from the activities.

I also understand that as a participant in church activities my student may be photographed or videotaped and these photos/videos may be used in promotional materials.

_____ _____

Date **Parent's Signature**

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