



Prospect United Methodist Church- 6752 HWY 212, Covington, GA 30016 . PH: 770.786.6303.

**Ronny Brannen** – Senior Pastor . **Bobby Fleck** – Youth Pastor

## Permission Slip and Liability Release Form

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ give my child permission to attend the **Camp Flip-Flop Trip to Panama City Beach, Florida** from **June 14-18, 2010**. I acknowledge that I understand the times of departure and arrival of the group to and from the pickup location. I acknowledge that I must pick my child up at the specified time unless previously arranged or stated otherwise. I acknowledge that if my child disobeys, disregards, or acts in a way that is not representative of a life that leads towards Christian discipleship in a significant manner, I will be responsible for arrangements to pick my child up. I further acknowledge that I am allowing my child to participate entirely upon my own initiative, risk, and responsibility. I hereby allow, with my consent, the leaders of **Prospect United Methodist Church and Elevate Student Ministries** to act *in loco parentis* for the duration of the trip.

In signing this form the parent/guardian authorizes the leaders of **Prospect United Methodist Church and Elevate Student Ministries** to secure medical treatment for above named youth in case of any illness or accident for which medical attention is required. I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named.

I, the undersigned, agree to forever discharge and agree to indemnity and hold harmless **Prospect United Methodist Church and Elevate Student Ministries**, its officers, directors, employees, interns, and volunteers against all damages, losses, claims, demands, costs, expenses, and liabilities of any nature whatsoever which may be incurred from my child's activities as a participant.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Alt. Phone Number

\_\_\_\_\_  
Alt. Emergency Contact Person

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number