Permission Slip

Event:		
Date/Time of Event:		
Place:		
A 4 4		M
Emergency Contact Person:_		
Relation:	Phone:	
permission to procure me understand that The Home reimbursement for medical any or all fees and charges a Liability Release as required personal representatives, as releasors), hereby releases, Home of Christ church., it's releasees) from all liability to releasees or otherwise we fully aware of the inherent	Fillness or injury, The Home of Cledical treatment for the above e of Christ does not provide med fees or prescriptions and that I arising from illness or injury that I by our insurance: The undersign ssigns, heirs and next of kin (he waives, discharges and covenage agents, servants and employers (he to the releasors for whether cause while participating in activities. It hazards and hereby elects to pass, damage or injury that may be servants.	named minor. I edical insurance or am responsible for may occur. ned, for himself and erein referred to as nts not to sue The herein referred to as ed by the negligence The undersigned is rticipate voluntarily
I have read and understand full and complete agreemen	d this medical release and liability	y release and am in
Signature		