

Fox Chapel Presbyterian Church
384 Fox Chapel Road, Pittsburgh, PA 15238
412-963-8243

Parent Permission Slip

The Event:

Date and Time:

Where:

Transportation:

In an effort to provide the best care and precaution for your child, please take a moment to fill out the legal and medical forms below. *Thank You!!*

Child's Name (please print): _____

Parent's/Guardian Name (please print): _____

- My child's "Medical Release Form" is on file for June 1, 2006 to May 31, 2007. If your form is not on file, one MUST accompany this form. Please call the church office if a form is needed.

Agreement of Participation

I understand I will be representing Fox Chapel Presbyterian Church as well as myself. I will conduct myself in strict observance of the standards of behavior expected by the church.

Code of Behavior

1. Participants must stay for the entire event unless accompanied by a parent or guardian.
2. No foul language, drugs, alcohol, tobacco or weapons are permitted.
3. Participants must respect the rights and property of others.
4. Participants and parents/guardians are responsible for any and all damages caused by the participant.
5. Failure to abide by code may result in participant removal, by parent, from the event.

Assumption of Risk

As a participant in this activity, I understand I may be exposed to risks to my person and possessions which may result in physical injury, sickness or death, or damage to my property. I understand Fox Chapel Presbyterian Church may use the facilities and services provided by third parties which are out of the control of the church. I freely and voluntarily accept and assume all such risks, dangers and hazards and understand that Fox Chapel Presbyterian Church, despite its efforts, may not be able to ensure my complete safety at all time.

Liability Waiver

I release and hold harmless Fox Chapel Presbyterian Church, its employees and agents from any and all liability for any loss, damage, injury or expense that I may suffer as a result of my participation in this activity, including but not limited to, accidents, acts of God, sickness and transportation. I understand this agreement cannot be modified except in writing by Fox Chapel Presbyterian Church and that no oral modification shall be valid.

I have read this document carefully and I acknowledge my responsibilities and the effect of this liability waiver.

Name of Participant – please print

Signature of Participant

If the above named person is not of legal age, the following also must be completed.

I, _____, parent/guardian of _____
Parent/Guardian's Name – please print *Child's name – please print*

(the "Minor") hereby, on behalf of the Minor and his/her heirs, executors, successors and assigns, agree to terms of the foregoing "Parent Permission Slip".

Parent/Guardian Signature

Relationship