

PARENT PERMISSION FORM FOR SEQUIM VINEYARD YOUTH ACTIVITIES,

I/We, the parents/guardians of the student named below, understand the nature of the trip being planned to:

Date: _____ Time: _____

and we are in accord with the purposes of and procedures governing the trip. We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, Church-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising Leader(s) or staff (including volunteers). We further agree to release and hold harmless the **SEQUIM VINEYARD**, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments,

costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising Leader(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising Leader(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

Participants Name

Parent or Guardian

Date _____

Home _____ Work _____ Cell _____

Please check below IF your child has sensitivity to:

Bee Sting Nuts Dairy Latex Other

Required medications:

Please check below IF your child has:

Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition

Other Medical Condition please explain:

Required medications:

Other medications:

SEQUIM VINEYARD

leaders contact info:

Jonathan Simonson Cell 360-460-7083

SEQUIM VINEYARD Church 360-477-5747

Home Message: Kenda Simonson 360-460-7026

October 20, 2006
