

**PARENT PERMISSION FORM**  
**Release of All Claims**

In consideration for being accepted by, **Zoe Christian Fellowship of Whittier** for participation in, \_\_\_\_\_, we (I), being 18 years of age or older, do for our selves (myself) (and for and on behalf of my teen/participant if said teen is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless **Zoe Christian Fellowship of Whittier** and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the teen-participant that occur while said teen is participating in the above-described trip or activity.

Furthermore, we (I) [and on behalf of our (my) teen-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

_____ (Type or print name of participant)	Emergency names and phone #'s: <table border="0" style="width: 100%;"><tr><td style="width: 33%;">Name</td><td style="width: 33%;">Relationship</td><td style="width: 33%;">phone #</td></tr><tr><td colspan="3">_____</td></tr><tr><td>Name</td><td>Relationship</td><td>phone #</td></tr><tr><td colspan="3">_____</td></tr></table>	Name	Relationship	phone #	_____			Name	Relationship	phone #	_____		
Name	Relationship	phone #											
_____													
Name	Relationship	phone #											
_____													
Parent's Home Number _____													
Parent's Daytime Number _____													
Hospital Insurance Yes ___ No ___ Policy Number _____													
Insurance Company: _____	_____												
Participant's Signature	Parents Signature												
Physician _____	Physician's Phone: _____												

**TRIP PARTICIPANT ONLY**

**I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip. I further understand that if there is any conduct that is deemed not appropriate by any person in authority, it may/will result in immediate disciplinary action up to and including returning home at my parent's expense.**

_____ Participant	_____ Date
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