

# GOBC DNOW2010

## Permission Slip

Name \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Other person to notify in case of emergency:

Name \_\_\_\_\_

Phone \_\_\_\_\_

### Liability Waiver for Students Participating in Garden Oaks Baptist Church DNOW2010

We understand that our participation in any activity sponsored by Garden Oaks Baptist Church (hereafter called GOBC) may incur risk, however slight, or injuries to ourselves or our child(ren), or theft or damage to personal property. We agree for ourselves and our child(ren) participating in activities with GOBC to hold harmless GOBC or any facility we utilize and all members, workers, and employees of these entities from any and all liability whatsoever for any injury, condition, or other problem associated with the child's participation in activities sponsored by GOBC. I hereby for myself, my child(ren), my heirs, executors and administrators, waive and release any and all injuries or losses suffered by myself or my child(ren) at any activity sponsored by GOBC. I agree to assume all financial responsibility for the medical expense incurred, as a result of said GOBC activities, for the care of myself, my spouse, or my child(ren).

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SIGN AND RETURN THIS FORM WITH PAYMENT**