



2017-2018 PERMISSION SLIP

OFFICE USE ONLY -	
<input type="checkbox"/> Family Card Request	
<input type="checkbox"/> Change of Information	
<input type="checkbox"/> Database	<input type="checkbox"/> CC
Date Processed/Issued _____	
Family Card # _____	

Please **FILL OUT AND SIGN THE FRONT AND BACK** of this form and return to the Children's Ministry Desk. **ONE FORM PER CHILD** is required.

Each year, by law, Children's Ministry is required to update our files with a statement from a parent/guardian allowing your child to be present and active at any Children's Ministry/Christ Community Church programming from Aug. 2017 - Aug. 2018.

I hereby give permission for my child to attend Children's Ministry/Christ Community Church Sunday programming and events for the 2017-2018 school year.

I agree that Children's Ministry/Christ Community Church shall not be liable for any injuries, damages or costs which may be incurred by my child in connection with his/her participation in the activities of these events.

In case of an emergency, I understand every effort will be made to contact a parent/guardian. In the event that I cannot be reached, I give any Children's Ministry/Christ Community Church staff permission to take my child for emergency medical treatment as needed.

I DO grant / I DO NOT grant permission for my child to be photographed or videoed while attending Children's Ministry/Christ Community Church events, which may be used in Children's Ministry/Christ Community Church publications &/or websites.

Child's Name _____ Birthdate _____ Age _____ Grade (if applicable) _____

Street Address _____ City/State/Zip _____

Parent/Guardian's Name _____ Cell # _____

Email _____ Text? Yes No

Parent/Guardian's Name _____ Cell # _____

Email _____ Text? Yes No

Siblings in Children's Ministry _____

Additional Emergency Contacts:

Name _____ Relationship _____ Cell # _____

Name _____ Relationship _____ Cell # _____

Please contact Children's Ministry at 717-761-2933 x163 to communicate any Un-Authorized Adults for Pick-Up.

Insurance Company _____ I.D. # _____

Name of Primary Insurance Holder _____ Group # _____

Allergies/Special Needs _____

Parent/Guardian Signature _____ Date _____

**Christ Community Church
Acknowledgement of Risk
Acceptance of Responsibility
Release of Liability**

This document affects your legal rights. You must read and understand it before signing.

DUTY OF PARTICIPANTS: It is recognized that some recreational activities conducted by Christ Community Church are hazardous to participants regardless of all feasible safety measures which we can take. All participants shall have a duty to act as a reasonably prudent person when engaging in the recreational activities which are offered by Christ Community Church, referred to hereafter as CCC, I hereby covenant and agree not to:

- (a) Interfere with the running or operation of CCC when such activities conform to the rules and regulation of the state of Pennsylvania;
- (b) Use any of CCC equipment or facilities or services if I do not have the ability to use such facilities, equipment, or services safely without instructions until I have requested and received sufficient instruction to permit safe usage;
- (c) Engage in any harmful conduct or willfully, or negligently engage in any type of conduct which contributes to as causes injury to any person;
- (d) To embark in any self-initiated activity without first informing CCC of my intentions and receiving permission from CCC to engage in such self-initiated activity.

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK: I understand that the activity which I am about to voluntarily engage in as a participant and/or volunteer bears certain known risks and unanticipated risks which could result in injury, death, illness or disease, physical or mental, or damage to myself, to my property, or to spectators or other third-parties. I, being aware that this activity entails risks or injuries to myself and a risk for injury to spectators or third-parties as a result of my actions, expressly agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness, or disease, or damage to myself or to my property arising from participating in this activity. I also agree to pay for any damage caused to others (including attorneys' fees and cost) if they are injured or otherwise damaged due to any negligent actions. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of the known and unknown risks.

RELEASE: In consideration of the services and/or property provided, I, for myself and any minor children for which I am the parent, legal guardian, or otherwise responsible, any heirs, personal representatives, or assigns, do hereby release CCC its principals, directors, officers, agents, employees, and volunteers from liability and waive any claim for damages arising from any cause whatsoever (except that which is gross negligence). I further agree to reimburse you for all attorney's fees and costs should I bring a legal action against you and lose.

ENTIRE AGREEMENT: I understand that this is the entire Agreement between myself and CCC its agents or employees, and that it cannot be modified or changed in any way by the representations or statements of any employee of CCC or by me.

My signature below indicates that I have read this entire document, understand it completely and agree to be bound by its terms.

Parent/Guardian Signature _____ Date _____

Printed Name _____