



## PERMISSION & WAIVER FORM

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
 (Print Name of Parent/Guardian) (Name of Child)

give permission for my child to attend the **AVALANCHE EVENT**. I understand that personal injury can and may occur to my child, and I hereby authorize Pastor Jordan or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release Destiny Christian Church, its employees and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

The following is all of the insurance information, restrictions, allergy and medication information necessary for my child to receive appropriate medical care.

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I give permission for my child to ride in any vehicle designated by Destiny Christian Church, its employees and adult volunteers, while participating in and traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of Destiny Christian Church, properties visited on outing, other's personal property, or vehicles used for transportation.

I agree and consent to all of the above stated.

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