

**Permission Slip For
Hillside Church Youth Event
Antioch Outreach
May 10th, 2014**

Student's Name _____

I give permission for my above named child to join the Youth Ministry of Hillside Church to participate in the above stated event, on May 10th 2014.

I hereby release Hillside Church, its staff, sponsors and volunteer workers, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible. I understand photographs and video may be taken and used for promotional purposes and no royalties will be awarded.

Signature of parent or legal guardian _____

Date _____

Emergency phone number _____

Secondary Emergency phone number _____