Permission slip

LIABILITY AND MEDICAL RELEASE FORM

Trip destination: Puerto Peñasco, Mexico

Dates of trip: _____

(Please Print Clearly)
Student Name _____ Gender M F

Address_____

City _____ State _____ Zip Code _____

Phone # (_____) _____ Birthday _____/_____/_____

(With whom you live)
Name of Parents/Legal Guardians _____

Work # of Parents (_____) _____ (_____) _____
Father *Mother*

Attending with: _____ _____
Group Leaders Name

Health Insurance Company _____ Policy # _____

List of known allergies; allergies to medications; and medications currently taking:

_____

_____

I, the parent or legal guardian of the student(s) listed on this form, certify that he/she has my full approval to participate in The Mexico Mission Trip. The child identified on this form understands that all students are expected to abide by the program rules set by trip leaders and i6eight.

Further, I do release and hereby agree to hold blameless the trip leaders, i6eight, and its employees or agents from any and every claim arising. I also release the lesser of responsibility of properties on which the event is held.

Further, I do authorize the minister, sponsor, or any staff, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment during this event. It is understood that I will assume any financial responsibility for any and all expense that may be incurred for said emergency treatment.

Further, I give the staff of i6eight permission to use any photos and/or videos taken at this program in promotional materials.

Further, I do certify that said child is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

_____ _____
Signature of Parent or Legal Guardian *Date*

Person to be notified in the event you cannot be reached:

Name_____ Relationship to student_____ Phone #_____