ENGAGE BOISE YOUTH EVENT PERMISSION SLIP

I, , give per			ermission for		to travel with Er	ngage
(Na	me of Parent or Guardian)	0 1		(Name of student)		00
Youth to		on		at		
-	(Event Name)		(Event Date)		(Event Location)	

My student will be accompanied by an Engage chaperone. Should emergency medical treatment for my student become necessary, I authorize Pastor John Hisel, III, or if not available, any Engage chaperone to act on his behalf and approve recommended treatment. We will make an attempt to call should the need arise.

I give permission for Engage Boise to use photographs and/or video of my student at the Engage Boise Youth event in publications, news releases, online and in other communications related to the mission of Engage Boise.

RELEASE OF LIABILITY STATEMENT

We, the parents or legal guardian of		do hereby release from any and all
liability Engage Boise and any and a	(Participant's Name) Ill adult chaperones or c	church staff in the event of any accident in
route, during or returning from a chu	arch-sponsored events.	We express our appreciation to the church
and to the adults who are giving thei	r time to make these ty	pes of activities possible.

EMERGENCY CONTACT: ______ PHONE: _____

DATE:

SIGNATURE: _____

PRINTED NAME: _____