Roots2Rise
Summer Youth Camp

IMPACT 504

Permission Slip

IMPACT504 LLC & First Zion Baptist Missionary Baptist Church
Gert Town Natatorium Trip Permission Slip

Date: Saturday, July 11, 2026
Arrival Time: 10:00 A.M.
Meeting Location: First Zion Baptist Church
7201 Olive St., New Orleans, LA 70125

Students will meet at First Zion Baptist Church and walk across the street to the Gert Town Natatorium. A lifeguard will be on duty during swimming activities.

I, _____, give permission for my child,

Child's Name: _____

to participate in the Gert Town Natatorium trip on Saturday, July 11, 2026.

Emergency Contact Name: _____

Phone Number: _____

Medical Conditions/Allergies (if any):

I understand that my child is expected to follow all instructions, facility rules, and safety guidelines. In the event of an emergency, I authorize reasonable emergency medical treatment if I cannot be reached immediately.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Phone Number: _____

Date: _____

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IMPACT 504

Liability Waiver and Release of Claims

IMPACT504 LLC & First Zion Baptist Missionary Baptist Church
Gert Town Natatorium Trip

I, _____, the parent/legal guardian of:

Participant Name: _____

acknowledge that participation in swimming and recreational activities involves inherent risks, including but not limited to slips, falls, water-related injuries, and other unforeseen incidents.

I voluntarily allow my child to participate in this free event on Saturday, July 11, 2026, at the Gert Town Natatorium. I understand that a lifeguard will be on duty; however, IMPACT504 LLC, First Zion Baptist Missionary Baptist Church, their officers, directors, employees, volunteers, and representatives cannot guarantee the complete prevention of accidents or injuries.

In consideration of my child's participation, I release, waive, and hold harmless IMPACT504 LLC and First Zion Baptist Missionary Baptist Church from any and all claims, liabilities, damages, costs, or expenses arising from or related to my child's participation in this event, except in cases of willful misconduct or gross negligence as permitted by law.

I certify that my child is medically able to participate in the activities and that I have read and understand this waiver.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Emergency Contact Phone: _____