PRAISE HIM MINISTRIES

120 Redcliff Drive
Ridgway, CO
81432
(970) 626-5243

Field Trip Permission Form/ Waiver

I _____, the parent/ guardian of _____ give permission for my child(ren) to attend the _____
Date: _____ Time: _____ Cost: ____TBD_____

Special Notes: (Field trips will be announced the week before)
_____

I understand that personal injury can and may occur to my child, and I hereby authorize Praise Him Ministries and PHM Staff Person, or any other 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 connections with such medical attention.

I hereby release Praise Him Ministries, its employees, agents and volunteers from 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 the insurance information, restrictions, allergies and medication information necessary for my child to receive appropriate medical care:

_____

_____

_____

I give permission for my child to ride in any vehicle designated by Praise Him Ministries, 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 might do to the property of Praise Him Ministries, properties visited on outing, other's personal property or vehicles used for transportation.

I agree and give consent to all of the above stated:

Parent Signature: _____ Date: _____

Emergency Contact (name and phone number) for the day of the trip

_____