

Rooted Student Ministry Permission Slip 2017/2018

(Please print legibly)

I/We, _____, as the legal guardian(s) of _____ do consent to his/her involvement in student ministry sponsored activities at Santa Rosa Bible Church (4575 Badger Rd; Santa Rosa, CA, 95409) to include the transportation to and from specially scheduled student ministry activities. I also give my permission for the leadership of the student ministry to admit my child to medical care facilities and give my authorization for my child to be treated immediately if an injury or illness should occur while participating in student ministry related activities. I agree not to hold Santa Rosa Bible Church, its leaders, employees and volunteer staff liable in any way for damages, losses or injuries that may occur while participating in the student ministry. I understand all reasonable safety precautions will be taken at all times by the Santa Rosa Bible Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibilities of risk.

**** I have read and fully understand the above permission slip and I do want my child to be allowed to participate in the Santa Rosa Bible Church Ignite Student Ministry and its activities. ****

Signature (Legal Guardian): _____ Date: _____

Signature (Legal Guardian): _____ Date: _____

Medical Insurance Policy #: _____

Phone #: (_____) _____ - _____ Alt/Emergency #: (_____) _____ - _____