

**Trinity United Methodist Church
Field Trip Permission Slip**

Activity/Event

Date(s):

Times: From: To:

Cost:\$0

Special Instructions:

Contact Person(s): **Donald Balcom**

*My son/daughter _____ has my permission to participate in the Trinity United Methodist Church field trip as described above. He/she will abide by the rules that set forth by the sponsor.

I understand that neither Trinity UMC nor the sponsor will be responsible for personal injury to my son/daughter or loss or damage to his/her personal property. I further understand that my signature authorizes emergency medical treatment to be administered, if necessary.

I will also be responsible for the damage to personal property and injury to other people caused by my son/daughter.

*Parents/Name(s):

Where we will be during the event (list place and phone number): N/A

*Emergency Name and Phone Number:

*Physician and Phone Number:

If possible, both parents should sign.

*Signature: _____ Date: _____

Signature: _____ Date: _____

**Trinity United Methodist Church
5613 Western Avenue
Knoxville, TN 37921**

Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for _____ (name of child/youth to participate in the activities of Trinity United Methodist Church, both on the church premises and elsewhere. In consideration of the opportunity of my/our child/youth to participate in the activities of Trinity UMC, I/we release Trinity United Methodist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of Trinity UMC; and I/we agree to indemnify and hold forever harmless the Trinity United Methodist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Trinity UMC or resulting from traveling to or from the activities of Trinity United Methodist Church.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

Parent/Custodial Adult

Parent/Custodial Adult

Permission to Travel in Vehicle with One Adult Present

I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by only one adult.

(Yes) (No)

Parent/Custodial Adult

Parent/Custodial Adult

Photo Permission

I/we understand that my child may be photographed while participating in the activities of Trinity United Methodist Church.

I/we **(do) (do not)** give permission for a recognizable image of my child to be posted on the Trinity UMC website or bulletin boards. I understand that a non-recognizable image, such as a group picture, may be posted.

Parent/Custodial Adult

Parent/Custodial Adult

Date: _____