



EXPECTING THAT THE LEADERS FOR THE TRIP WILL EXERCISE REASONABLE CARE IN OVERSEEING THE ACTIVITIES OF THE STUDENTS, I REQUEST AND AUTHORIZE THE LEADERS TO SEEK WHATEVER MEDICAL CARE IS NECESSARY AND ADVISABLE SHOULD AN EMERGENCY ARISE WHICH WOULD REQUIRE TREATMENT FOR MY SON/DAUGHTER.

\_\_\_\_\_  
Signature of the Parent/Guardian

Telephone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
Day Night

Should the parent or guardian (primary contact) not be available, who should we contact (secondary contact) in case of emergency?

\_\_\_\_\_  
Name

Telephone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
Day Night

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend Providence Baptist Church's Student Ministry Events this year 2009 for which he/she has signed up and paid for. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of the above trip, I hereby authorize the leaders to obtain or provide medical treatment for my son/daughter for such injury or illness during the trip, and I hereby hold Providence Baptist Church and the leaders, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while on this trip. If this occurs, I hereby authorize Providence Baptist Church and the leaders to refer my son/daughter for medical treatment, including a medical treatment center (hospital, etc.) I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the event / trip.

Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release and hold harmless the Providence Baptist Church and the leaders from liability for any and all claims for personal illness or injury that my son/daughter may sustain during the mission trip. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of the event / trip named above.

Signed \_\_\_\_\_

Date \_\_\_\_\_ 2009

Relationship to Student \_\_\_\_\_

North Carolina \_\_\_\_\_ County I, \_\_\_\_\_,  
a Notary Public for \_\_\_\_\_ County, North Carolina, do hereby certify  
that \_\_\_\_\_ and \_\_\_\_\_  
personally appeared before me this day and acknowledged the due execution of  
the foregoing instrument. Witness my hand and official seal, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_, 20 \_\_\_\_.