

Route 56: 2018-2019 PERMISSION FORM

Child's Name _____ Parent's Name _____

Address _____ City _____ Zip _____

Home# _____ Cell# _____ E-mail _____

Known allergies: _____

I grant permission for my child to participate in the 2016-2017 Route 56 events including any transportation involved, and hereby waive any and all liability with respect to any accident, illness, or injury suffered by my child in connection with Route 56 transportation or activities.

If my child should require emergency medical treatment during travel or at the church, and at a time when it is impossible or impractical to obtain my prior consent, I hereby give authorized persons full authority to give consent on my behalf to any emergency medical treatment by qualified medical personnel (including, without limitation, hospitalization and emergency surgery) which may be deemed necessary to protect the life, health and welfare of my child.

Parent's Signature

Date

Emergency Phone # (if different) _____

Alternate Contact Person _____ Phone # _____

To GRANT permission to use your child/children's pictures

I, _____ (Please print your name)

GRANT permission for Preston Hollow Presbyterian Church to publish photos or video of my child(ren), _____ (Please print child or children's names) in the church's various forms of publications or on the church's various websites. I give Preston Hollow Presbyterian Church the perpetual, royalty-free right to use my photo(s) in any manner including but not limited to publications and websites. I understand that if I give notice to the communications department that I object to any particular picture on the website, it will be removed as soon as possible.

Date: _____

To REFUSE permission to use your child/children's pictures

I, _____ (Please print your name)

REFUSE to grant permission for Preston Hollow Presbyterian Church to publish pictures or video of my child(ren), _____ (Please print child or children's names) in any publications or on the church's various websites.

Date: _____