

# Permission Form

Please read carefully and sign



I give my permission for my child[ren] to take part in Rush church's event.

I assume all risks to such participation and do hereby release, absolve, indemnify and agree to hold harmless Rush church and it's agents, employees, volunteers, leaders, organizers, sponsors and drivers.

Rush church nor persons mentioned shall be held financially responsible for any injury, illness or death incurred as a direct result of this event.

I hereby authorize the emergency medical treatment of my children while under the care and custody of Rush Church and hold harmless the church and its agents or assigns and representatives, including volunteer workers for any harm deemed to arise from the said treatment or the lack of said treatment.

Your children must obey Rush church's policy on conduct. All of our events are drug and alcohol free. If a child is found in possession of and/or having consumed alcohol, illegal drugs, or tobacco, the parent or legal guardian will be notified, and will be needed to take their child home. We will take the proper steps to protect our children and will notify Police if the conduct merits their assistance.

Any child who engages in any behavior that is determined to be disruptive and/or putting others at risk of injury will be warned. If the behavior can not be corrected, parents or legal guardians will be contacted and needed to take their child home.

Our goal at Rush church is to provide events and trips that will help train your child in the ways of the Lord Jesus. We want to work with parents or guardians to bring out the best in their children. It is very important that we provide an atmosphere that will help build love and good character.

Child #1 \_\_\_\_\_ Child #2 \_\_\_\_\_  
*(first & last name)* *(first & last name)*

Child #3 \_\_\_\_\_ Child #4 \_\_\_\_\_  
*(first & last name)* *(first & last name)*

## Contact Information:

\_\_\_\_\_ (parent -or- legal guardian name) \_\_\_\_\_ (emergency phone number)

\_\_\_\_\_ (street) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

## I agree and give my permission

\_\_\_\_\_ (parent -or- guardian signature) \_\_\_\_\_ (date)

**(fill out if there are doctor prescribed medications)**

## Medical Information:

\_\_\_\_\_ (medication #1) \_\_\_\_\_ (medication #2)

\_\_\_\_\_ (medication #3) \_\_\_\_\_ (medication #4)