

PARENT/GUARDIAN CONSENT AND INSURANCE INFORMATION

We/I _____ give our permission for

_____ to participate in activities sponsored by Grace Baptist Church of Austin, MN, including out of town trips. We consent to his/her treatment by medical personnel or EMT's in any emergency which may arise while out of the area and assume primary insurance liability in the even of any medical treatment.

We agree to hold him/her responsible for respectful behavior toward adult leadership and other youth involved in the activity/trip. We agree that he/she will abstain from the use of alcohol, tobacco, or any illegal drugs while involved in the activity/trip. He she will also inform the leaders of the need for any legal prescription drugs to be taken along during this activity.

Parent/Guardian name _____

Address _____

Phone (s) _____

Signature _____