

PERMISSION SLIP

As a parent/legal guardian of _____, I have reviewed the information about the **Cultural Tour** event and give permission for the subject of this release to be involved in the overall activities.

I/We have reviewed the rules of the activities and agree that the subject of this release will abide them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be always taken by First Baptist Church and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold First Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name (Please Print)_____Student Name_____

Parent /Guardian Signature_____Date_____Phone#_____

Trip Information:

We will be taking a group of 1st-6th graders to Ozark, MO to participate in the Cultural Tour at School to the Nations. We will depart from the church parking lot at 9am on Saturday, March 7th in the church vehicles and return about 1:30pm that same day. The destination address is 311 Hidden Bluff Dr, Ozark, MO 65721. If there are any questions or concerns during the time of the event you can contact Rebecca White at 660-464-1428.