



# Permission Slip

Central  
Presbyterian  
Church

402 Kimbark St.  
Longmont, CO 80501  
303-776-6833

Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name/Phone #: \_\_\_\_\_

I acknowledge that going on Central Youth activities can be potentially HAZARDOUS and that I have made a voluntary choice to participate in those activities despite the risks that they present. In consideration of (me/my child) being permitted to participate in the event named above, I agree to ASSUME ANY AND ALL RISKS OF INJURY OR DEATH which might be associated with or result from participation in this event. Initial \_\_\_\_\_

I further agree to RELEASE FROM LIABILITY and to INDEMNIFY AND HOLD HARMLESS the organizers and sponsors of this event, CENTRAL PRESBYTERIAN CHURCH, it's Presbytery, it's Session, Pastors, Staff, and Congregation for any damage, injury or death to (myself/my child) or to any person or property, whether caused by their NEGLIGENCE or for any reason, in any way connected with preparation or participation in this activity. Initial \_\_\_\_\_

I, the undersigned, have carefully read and understand this agreement and all of its terms. I understand that this is a RELEASE OF LIABILITY, which will legally PREVENT me or any other person from filing suit or making any other legal claim for damages in the event of death or any injury to (me/my child). I nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon my heirs, my assigns, legal representatives and me. Initial \_\_\_\_\_

Signature of Parent/Guardian (if participant is under 18 a parent/guardian must sign this form): \_\_\_\_\_

Date Signed: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**THIS IS A LIABILITY RELEASE. READ CAREFULLY BEFORE SIGNING  
PLEASE BE SURE THAT YOU HAVE AN UP-TO-DATE MEDICAL RELEASE  
FORM ON FILE!**