## Second Baptist Church, Peoria, IL Overnight Trip Permission Form Insert Event Name

## nsert Event Name Event Date Event Location

Student Name	M / F (Circle one)		
		Shirt Size	
	Medic	cal Information of Participant	
Allergies:			
Medical Insurance	:	Policy #	
Physician's Name	:	Phone #	
		Emergency Contacts	
Primary Contact	Name		
Relationship to student			
Contact Phone Number			
Secondary Conta	act Name		-
Relationship to s	tudent		
Contact Phone N	lumber		_
The undersigned as Activity and agrees and its staff, employ liabilities, claims, de respect of death, inju	sumes all risk injury to release, indemnif rees, and agents (co mands, costs, expe ury, loss or damage	ontacted if primary contact is unit or harm to the participant associated by, defend and forever discharge <b>Seconollectively "Second Baptist Church, Personal Participant</b> , actions and causes of action (collect to the participant or by the participant, rticipant's participation in the Activity.	with participation in the nd Baptist Church, Peoria eoria") of and from all ectively the "Claims") in
above named minor adult on trip (the te or dentist to prescrib advice of any or sev whether such diagnothospital licensed by Permission is hereby	thereby authorizes someone my X-ray, examily eral physician(s), subsis or treatment is the state.  The granted for Second	second Baptist Church, Peoria or its of the minor) to consent to or permit a nation, anesthetic, medical or general curgeon(s), or dentist(s) licensed under trendered at the office of the physician, and Baptist Church, Peoria to use photony and all forms of media for advertising	agents – Insert name/s of any duly licensed physician or special supervision or the laws of any state, surgeon or dentist, or at a
Signature of Parer	nt/Guardian	Date	