

**Permission Form/Medical Consent/Waiver of Rights
Greenwood Community Church**

Water World

Thursday, July 10th, 9:00am – 5:00pm

Cost is \$20 plus money for lunch

***Parents: We are looking for people to help drive us to or from
Water World. If you can help, please call Lara at 303-843-0281.***

I give permission for _____ to go with the Greenwood Community Church group to the activity(s) listed above. In the event that it is necessary, I hereby authorize emergency medical treatment to be obtained and any emergency medical procedure be performed at my expense. I hereby waive any and all claims for damages, which I might have against Greenwood Community Church, staff and adult leaders of this trip for any injuries suffered by my son or daughter as a result of and/or during this trip/activity.

(Signature of parent or guardian)

(Date)

(Home phone)

(Insurance company)

(Group and policy number)

(Work phone)

(Emergency contact and phone)

Medications/allergic reactions:

Is there any medical or other history we need to know about?
