

F.R.O.G. Permission Slip

I hereby grant permission for _____ (Teenager's Name) to participate in the _____ (Event Name) activities on _____ (Date). I will not hold Life Community Church nor their representatives, event leaders, or supervisors in any way responsible for any accident or injury incurred by my child.

Should a medical emergency arise, Life Community Church, its representatives, the event leaders and/or supervisors have my permission to obtain any necessary medical treatment for my child. I agree to maintain financial responsibility for any emergency medical services that may be necessary for my child as a result of his/her involvement in the said events. I agree to defend and indemnify Life Community Church, or any adult leaders against any claim or action that might arise on behalf of myself or son or daughter.

**When using this blank form, please confirm that this is an official F.R.O.G. sponsored event.*

Signature of Parent or Guardian

Date

Home Phone

Cell Phone

