

COLUMBIA LIFE CHURCH PERMISSION FORM

I, (please print) _____

do hereby give my permission for my child _____
to take part in the activity described below:

I do hereby hold harmless and release Columbia Life Church, and any of its agents from any liability arising from any injury or illness which my child might receive or contract while on the above stated activity.

I further authorize Columbia Life Church or its agents to admit my child to any hospital or medical facility which they deem necessary, and I further authorize them to consent to any medical treatment needed by my child.

Home phone _____ Alternate phone _____

In case of an emergency, please contact: Name (please print)

Phone _____

Signature of Parent/Guardian

Phone number where I can be reached during this activity:
