

## ANNUAL PERMISSION SLIP

The undersigned, in consideration in the premises and the benefit flowing to the undersigned and to the child of the undersigned, hereinafter named, does hereby waive any and all claims or rights of claims which the undersigned may have to account of any accident, injury, demise and/or damage which might be sustained by the child and/or children of the undersigned on account of said child being a participant in physical activity, a passenger or getting into or alighting from that certain bus or vehicle operated by the **Crosswater Community Church , SAINT JOHNS COUNTY, FL**, any of its departments or divisions or current meeting locations, in Ponte Vedra, FL but not limited to.

The undersigned does hereby consent to (*insert student name in blank*): \_\_\_\_\_, to being participant at Crosswater Community Church or a passenger in said bus/car and as such passenger going on and participating in trips and journeys made by said bus/car in connection with church-related activities and projects. This also waives any liability in which may incur at the location of church during activities, off church property and those not limited to church property. This includes any trips to be taken and the location destination.

This consent and waiver is further intended to delegate to the person or persons in charge of and/or chaperoning any such trip. The authority herein granted shall not be limited to any accident, injury, death and/or damage which my child(ren) may sustain, but shall also include any illness and/or sudden attack which my said child(ren) may suffer during the course of any such trip or journey.

I also give permission to Crosswater Community Church to use my child's photo in any web-based publication for ministry purposes.

This consent and waiver shall continue in force and effect for the year of **January 1, 2023 through December 31, 2023**, or until revoked in writing and said revocation delivered to a proper official of the Crosswater Community Church

### Student Personal Information

**Date Filed:** \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Telephone #: \_\_\_\_ ( \_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**Specific Allergies to medications or otherwise:** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_ **GROUP #** \_\_\_\_\_

**MEMBER#** \_\_\_\_\_

I, the undersigned do hereby authorize Crosswater Community Church, organization or Counselors / Chaperones, the adult leaders in whose care the said is entrusted as agents for the undersigned, do consent to any emergency treatment, X-ray examination, anesthetic, medical, surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

I understand that I should reflect Christ in my actions and attitude. By signing this, I accept the responsibility of being respectful and representing Crosswater Community Church in a positive manner.

\_\_\_\_\_  
STUDENT

\_\_\_\_\_  
DATE