

Pilgrim Lutheran Church
1340 N. Lake Dr.
Lexington, SC 29072
803-359-9421

PERMISSION SLIP

I give permission for my child _____ to participate in the
(NAME)

_____ at _____
(ACTIVITY) (PLACE)

with _____ on _____
(GROUP) (DATE)

Departing Pilgrim at _____ A.M. P.M.

Returning to Pilgrim at _____ A.M. P.M.

Emergency Contact Persons (please list two):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Understanding the nature of the arrangements, Pilgrim Lutheran Church nor its chaperones can be held liable in the event of circumstances beyond their reasonably expected control. I also waive, release and discharge any and all claims for personal and property damages arising out of my child's participation.

If you agree to your child traveling with this group please indicate your agreement by placing your signature below.

Parent/Legal Guardian Signature Date

I give permission for my child to be transported by _____ who is
(NAME OF DRIVER)

a driver under the age of 21. Understanding the nature of the engagements, Pilgrim Lutheran Church, its chaperones, the driver of the automobile, nor his/her parent(s)/legal guardian(s) can be held liable in the event of circumstances beyond their reasonably expected control.

Parent/Legal Guardian Signature Date