## ENGAGE BOISE SINGLE EVENT PERMISSION SLIP

I,		, give permission for			to travel with Eng	age
()	Name of Parent or Guardian)	0		(Name of student)		C
Boise to		on		at		
	(Event Name)		(Event Date)		(Event Location)	

My student will be accompanied by an Engage chaperone. Should emergency medical treatment for my student become necessary, I authorize Pastor John Hisel, III, or if not available, any Engage chaperone to act on his behalf and approve recommended treatment. (Engage Boise will make an attempt to call Parent/Guardian should the need arise.)

I give permission for Engage Boise to use photographs and/or video of my student at the Engage Boise event in publications, news releases, online and in other communications related to the mission of Engage Boise.

## RELEASE OF LIABILITY STATEMENT

We, the parents or legal guardian of	do hereby release from any and all
(Participant's Name) liability Engage Boise and any and all adult chaperones or c	church staff in the event of any accident in
route, during or returning from a church-sponsored events.	We express our appreciation to the church
and to the adults who are giving their time to make these typ	pes of activities possible.

EMERGENCY CONTACT: \_\_\_\_\_\_ PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_