

**THE CHARLOTTE CHURCH**  
**Permission Slip and Liability Waiver**  
**for Activities & Events**

**Name of Activity/Event:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

I, as parent or legal guardian, do hereby give permission for my child named above to attend the above-mentioned activity/event. I also do hereby grant the Charlotte Church volunteers present the right to authorize emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold harmless the Charlotte Church and its agents from liability arising out of accident situations. The North Carolina Good Samaritan Law will apply.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Information**

**Father/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Emergency Contact in the Event Parents Cannot Be Reached**

\_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Information** (The Charlotte Church assumes that your child is covered by your insurance.)

**Policy Holder:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_