

STERLING BEREAN CHURCH – PERMISSION SLIP

Sterling Berean Church
12527 CR 37, Sterling, CO, 80751 • (970) 522-1471

Child 1:

DOB:

Cell Phone:

Child 2:

DOB:

Cell Phone:

Parent(s)/Guardian(s):

Address:

Cell Phone(s):

City:

State:

Zip:

Home Phone:

Emergency Contact 1:

Number:

Emergency Contact 2:

Number:

Emergency Contact 3:

Number:

PARTICIPATION AGREEMENT Fall of 2025 - Summer of 2026

The undersigned as parent or legal guardian of the minor child(ren) listed above, does hereby give permission for the above named individual(s) to attend any and all activities of Sterling Berean Church, 12527 CR 37, Sterling, CO 80751. As a condition of attending, I do hereby release Sterling Berean Church and all of their officers, agents and employees, from any and all claims, demands, actions, or causes of action due to death, injury, or illness, in any way, arising from the above described activity, including, but not limited to transportation to and from the event, unless there is gross negligence on the part of any individual. I further agree that the financial responsibility for securing care, in the case of injury resulting from participation in the program, is a matter between the participant and his/her health care provider, and that Sterling Berean Church cannot pay health care providers for treatment of any injuries. It is further agreed, that the participant will assume all legal responsibility for their personal safety and actions while participating in the program and while traveling to and from the program activities. This is valid for the school year of 2024 thru summer 2025.

Signature of parent/guardian: _____

Date: _____

Media Release: Sterling Berean Church has my permission to take pictures of my child and use them as promotional items and/or social networks. Please mark yes or no. Yes No

AUTHORIZATION FOR MEDICAL TREATMENT

My child(ren), _____, has(have) my permission to attend and participate in activities sponsored by the Sterling Berean Church located at 12527 CR 37, in Sterling, CO, 80751. I understand that in case of emergency (an injury or serious illness) every effort will be made to reach me or other contacts I have given, but for the duration of the trip Sterling Berean Church's youth workers may authorize any appropriate medical treatment. I agree to be responsible for the cost of my child's care and release the Berean Church and the youth workers from liability in case of accidental injury.

Signature of parent/guardian: _____

Date: _____

MEDICAL INFORMATION

Child 1:

Allergies:

Health Conditions:

Current Medication(s):

Child 2:

Allergies:

Health Conditions:

Current Medication(s):

INSURANCE INFORMATION

Insurance Company: _____

Claims Address: _____

City: _____

State: _____

Zip: _____

Claims Phone Number: _____

Other Phone Number(s): _____

Policy/ID Numbers: _____