



# Tabernacle Missionary Baptist Church

2080 W. Grand Blvd.  
Detroit, MI 48208  
Telephone: 313.898.3325  
Fax: 313.898.7347  
www.tmbcdetroit.org

Nathan Johnson, D.D., *Senior Pastor*

## TABERNACLE MISSIONARY BAPTIST CHURCH Parent Permission Slip and Release of Liability

I, (Print), \_\_\_\_\_ represent to  
Tabernacle Missionary Baptist Church ("Tabernacle") that I am the parent or legal guardian of,  
\_\_\_\_\_, and hereby give permission for my  
child to attend an engagement of the **Youth Ministry – Fellowship Friday to Three Cedars Farm,  
7897 Six Mile Road, Northville, MI 48167** departing October 13, 2017 at 6:00 pm – returning at  
9:30 pm..

I acknowledge that my child will be obliged to abide by the rules, regulations, supervision and  
discipline set and applied by Tabernacle's representatives.

By executing this Parent Permission Slip and Release of Liability and granting the permission stated  
herein, I, on behalf of myself and my heirs, personal representatives and/or assigns, hereby release  
Tabernacle, its representative, directors, agents, employees, volunteers from and against any  
liability, damages, claims, or causes of actions arising as a result of my child's participation  
in the ministry trip/activity.

I also agree to indemnify and hold harmless Tabernacle from any claims, causes of action, or other  
judicial proceedings, costs, expenses, damages and liabilities, including attorneys' fees, brought as a  
result of my child's negligence, willful misconduct, and/or failure to adhere to the rules, regulations,  
supervision, and discipline set and applied by Tabernacle and its representatives.

### Medical

In the case I am unable to be reached in the event of a medical emergency, I hereby give my  
consent for my child to be treated by a physician or licensed nurse at the nearest medical facilities or  
on the scene and I will be responsible for all charges incurred.

My child has the following medical condition(s) or allergies about which a health care provider should  
be told.

Health Insurance: \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

2nd Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**I have read this Parent Permission and Release Form and understand its terms.**

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_