



# Tabernacle Missionary Baptist Church

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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 2080 on the River (Youth) Ministry to 36901  
Warren Rd, Westland, MI 48185 , on Friday, January 22, 2016 leaving the church at 6:00 pm and  
returning around 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 \_\_\_\_\_