



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
Michigan Baptist District Congress, Pleasant Grove Baptist Church, 13651 Dequindre St, Detroit, MI
48212, on Friday, April 15, 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 _____