

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 ("T	abernacle") that I am the parent or legal guardian of, and hereby give permission for my
child to attend an engagement of the You Adventure Center , 1801 Atwater St, Detroit,	, and hereby give permission for my th Ministry – Fellowship Friday to Michigan Outdoor MI 48207 departing at 11:00 am – returning at 3:45 pm.
I acknowledge that my child will be obliged discipline set and applied by Tabernacle's	d to abide by the rules, regulations, supervision and representatives.
herein, I, on behalf of myself and my heirs Tabernacle, its representative, directors, a	and Release of Liability and granting the permission stated s, personal representatives and/or assigns, hereby release agents, employees, volunteers from and against any tions arising as a result of my child's participation
judicial proceedings, costs, expenses, dar	ss Tabernacle from any claims, causes of action. or other mages and liabilities, including attorneys' fees, brought as a conduct, and/or failure to adhere to the rules, regulations, d by Tabernacle and its representatives.
	he event of a medical emergency, I hereby give my ysician or licensed nurse at the nearest medical facilities or all charges incurred.
My child has the following medical condition	on(s) or allergies about which a health care provider should
Health Insurance: Policy# _	Group#
Emergency Contact Name:	
Home Phone:	Cell Phone
2nd Contact Name:	Phone:
I have read this Parent Permission ar	nd Release Form and understand its terms.
Signature of Parent/Legal Guardian	Date