

**Covenant Presbyterian Church**  
3131 Walton Way, Augusta, GA 30909 | 706-733-0513  
**Parent Permission and Release of Liability**  
**Augusta Canal Kayak Trip**  
**October 15, 2017**

Participant Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergy & Medical Information:

I, \_\_\_\_\_, (parent name) give permission for my child (listed above) to participate with the Covenant Presbyterian Church Youth Ministry's **Canal Kayak Trip, Oct 15, 2017**.

In the event of an emergency or injury, I give permission for my child to receive treatment from a trained professional or adult. I understand that any costs related to the medical care for my child is my sole responsibility, and that Covenant Presbyterian Church does not provide for primary or secondary medical insurance. In addition, I understand the risks involved in this trip, and will hold Covenant Presbyterian Church, the staff or volunteers harmless and blameless for any risk, injury or death that may occur do to the reasonable operation of the activity.

By signing, I agree to the above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_