

**Attachment E:**

**ACTIVITY PERMISSION FORM FOR CHILDREN AND YOUTH  
Westminster Presbyterian Church, Minneapolis, MN**

Activity: 2019 HS Mission Trip

Date(s): July 13 - July 21, 2019

Location: Greensboro, NC

Time of departure from Westminster: July 13 at 8:00am

Approximate time of return to Westminster: July 21 at 7:00pm

Parent or guardian contact: \_\_\_\_\_

Parent or guardian contact phone number: \_\_\_\_\_

Recommended clothing and/or equipment: see packing list document \_\_\_\_\_

\_\_\_\_\_  
\*Cost: \$480

Supplemental waiver required by activity site: yes no

\*Scholarships to cover part or all of the cost may be available. Please contact the Director of Youth Ministries to request a scholarship. All requests will be kept confidential.

\_\_\_\_\_  
I, \_\_\_\_\_ (parent/guardian) as the parent or legal guardian of \_\_\_\_\_ (child/youth) hereby give my

full consent and permission for him/her to participate in Westminster's High School Mission Trip during the week of July 13 through July 21.

I expressly assume the responsibility that my child or youth is properly prepared for the stated activity, including having the proper clothes and equipment, being in good health and willing and able to participate in the activity, and willing to abide by Westminster's policies and follow directions of the supervising adults.

I understand that activities have inherent risks. I voluntarily assume all risks arising out of, relating to, and associated with my child's or youth's participation in the stated activity. Accordingly, I

release and will hold harmless Westminster Presbyterian Church, its officers, employees, volunteers, members, insurers, and those supervising the activity from any and all liabilities, claims, demands, and causes of action of any kind on account of any loss, damage, illness, or injury to person or property in any way arising out of, or relating to my child's or youth's participation in the activity, whether due to negligence, mistake or other action or inaction.

Signature of Parent/Guardian: \_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_

Date: \_\_\_\_\_

This activity requires a signed *Medical Information and Consent Form For Children and Youth* (Medical Form). If one is not on file, you must file a Medical Form at the Church before the activity occurs or your child or youth will not be permitted to participate. If a Medical Form is on file and there have been any changes in your child's or youth's medical information, please file an updated Medical Form.

