

Permission Slip for Youth Outreach - Saturday, May 4, 2024

I, _____ willfully release _____ to participate in the **Youth Outreach** event taking place on **Saturday, May 4** at 11:00am. I understand this event will begin at Gateway Christian Fellowship to meet up with Pastor Dan Malady and his evangelism team before heading to the New Haven Green to join them in their bi-monthly outreach activities.

I also willfully release named youth to participate in the activities of Gateway Christian Fellowship both on the church premises and elsewhere. In consideration of the opportunity of my/our child/youth to participate in the activities of Gateway Christian Fellowship, I/we release Gateway Christian Fellowship, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of Gateway Christian Fellowship; and I/we agree to indemnify and hold forever harmless the Gateway Christian Fellowship, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Gateway Christian Fellowship or resulting from traveling to or from the activities of Gateway Christian Fellowship, including loss or injury resulting from negligence or gross negligence. I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

I also give permission for Gateway Youth of Gateway Christian Fellowship to use my youth's name, voice, testimonial, and picture in any type of promotional material, press releases, websites, and news stories about youth group activities, now or hereafter known. I understand that no personal information will be released and all pictures will be appropriate.

Behavior Agreement: I/We understand youth coming to Youth events will be expected to honor those in authority over them and conduct themselves appropriately. Youth who choose to act outside the guidelines that are set for them in such a way that it becomes problematic for leaders and disruptive to the function of the trip will be taken back at the expense involved for removal of the child from event.

Medical Release: I hereby request and authorize Gateway Christian Fellowship & Gateway Youth, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

Custody Release: I further authorize the Youth leaders or a designated adult representative of Gateway Christian Fellowship & Gateway Youth to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

1st Emergency Contact: _____ Number: _____

2nd Emergency Contact: _____ Number: _____

Allergies: _____ Medications: _____
(if more room is needed, please use the back of this form)

Is Parent going? Yes _____ No _____

Parent's email address & Cell Phone: _____

Parent/Guardian's Signature: _____ Date _____

Youth's Signature: _____ Date: _____