



We are excited to announce that we are teaming up with Centreville Baptist Church for a winter conference! We want students to bring their friends as the Gospel will be shared in a whole new light during this weekend!!!

Who: 6<sup>th</sup>-12<sup>th</sup> graders

When: Friday, January 28<sup>th</sup> -Saturday, January 29<sup>th</sup>

Where: We will meet at PBC on both Friday and Saturday and carpool to Centreville Baptist Church.

Cost: \$50!

Permission slips are due on **Wednesday, January 19<sup>th</sup>** either in the Dropbox outside the prayer room, or emailed to [hlough@purbap.org](mailto:hlough@purbap.org). Checks can be made out to Purcellville Baptist Church.

### **THEN**

You will receive another email with instructions on signing up with Centreville Baptist Church.



## STUDENT PERMISSION SLIP

**Siblings from same household may fill out one permission slip.**

|    | STUDENT(S) NAME | Gender | D.O.B. | Grade |
|----|-----------------|--------|--------|-------|
| 1. | _____           | _____  | _____  | _____ |
| 2. | _____           | _____  | _____  | _____ |
| 3. | _____           | _____  | _____  | _____ |

PARENT E MAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PARENT CELL: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_ to participate in (event) \_\_\_\_\_ on (dates) \_\_\_\_\_ at (place) \_\_\_\_\_.

We, (I) being 18 years of age or older, do hereby waive release, forever discharge and agree to hold harmless and indemnify *Purcellville Baptist Church*, and it's officers, trustees, agents, instructors, volunteers, contributors, church leadership and the members of Purcellville Baptist Church from any and all liability, claims or demands for personal injury, sickness or death (including related to COVID-19), and property damage of any nature whatsoever arising either from the improper or negligent acts arising out of, or connected with my students participation in this event which may be incurred by the guardian and the student participating in (event) \_\_\_\_\_. We, (I) understand, with this being a public event, pictures will likely be taken and posted on social networks.

We, (I) also assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

We, (I) are specifically aware of and assume all risk associated with COVID-19 in connection with this event. We (I) understand that COVID-19 is a contagious disease that may result in harm or death in some cases, and is not yet fully understood by the medical community. We (I) understand that COVID-19 is spread in group settings and that despite the precautions *Purcellville Baptist Church* takes, no one can guarantee that participant will not contract the disease or carry the virus back to our home.

I verify that prior to the execution of this Agreement, I have conducted reasonable diligence (including, but not limited to, monitoring for fever or other signs/symptoms of COVID-19) and based on my reasonable diligence, participant does not demonstrate symptoms of COVID-19 as of the date I execute this Agreement. If participant does manifest symptoms of COVID-19 prior to the event, I will notify Purcellville Baptist Church in writing and will not allow participant to attend the event if contagious or demonstrating symptoms of COVID-19. We (I) further agree to indemnify and defend Purcellville Baptist Church against all claims related to COVID-19 arising out of participant's connection to the event.

We, (I) are the parents or legal guardians of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, *disciplinary action or otherwise*, we (I) hereby assume all transportation costs.

**Hospital Insurance:**  Yes  No

\_\_\_\_\_  
**Insurance Company**

\_\_\_\_\_  
**Policy #**

\_\_\_\_\_  
**Physician's Name**

\_\_\_\_\_  
**Physician's Phone**

\_\_\_\_\_  
**Emergency Contact(s)**

\_\_\_\_\_  
**Phone#**

\_\_\_\_\_  
**Parent or Guardian**

\_\_\_\_\_  
**Date**

Please list any allergies or special medical problems your student may have:

**For Office Use Only:** Paid \_\_\_\_\_ Date/Time Received: \_\_\_\_\_