

**Gladewater Church of the Nazarene**  
**Permission Slip / Liability Release Form for 2024**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City, State Zip

As the parent and/or legal guardian of the above mentioned child, I do hereby approve of their participation in events, programs, and/or activities of the Gladewater Church of the Nazarene. I also release, forever discharge, and hold harmless Gladewater Church of the Nazarene, and the directors/pastors/volunteers thereof, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses.

This release covers transportation and/or drivers provided by Gladewater Church of the Nazarene and its representatives who are properly licensed to drive in the state of Texas, whether driving church owned vehicles or privately owned vehicles. This release also covers meetings on the Gladewater Church of the Nazarene property, as well as, other sites (ex. local parks, bowling alley, skating rink, campgrounds, etc). I also consent to emergency medical or dental treatment, including examination, diagnosis, treatment, anesthetic, and surgical treatment. The undersigned agrees to pay all costs and expenses.

We will return your child to the location where they were picked up, unless prior arrangements have been made with the church/volunteers. The parent/guardian must be at that location when the child is delivered, at which time Gladewater Church of the Nazarene will no longer be responsible for the child.

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
Street City, State Zip

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Known Allergies/Medication/Medical Problems:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

\_\_\_\_\_  
**Church Staff/Volunteer Name & Signature** **Date**

**Insurance Information**

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Additional Emergency Contact Information** (optional)

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Additional Medical Information** (optional)

Allergies, Medication, Medical Problems, Explanations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** *This information will be kept in a safe and secure place for one year. Information may be kept longer for insurance purposes. Information may be shared with ministry and staff volunteers for ministry purposes only. If you have any questions, please contact the church office (903) 845-4425 or by email [gladewaternaz@gmail.com](mailto:gladewaternaz@gmail.com).*