



7 Bridges Ministry PERMISSION FORM

As a parent/legal guardian of _____, I give permission for this student to go with the Shadowbrook Student Ministry to **7 Bridges Ministry**. I understand that this permission slip will be used as permission each time the student travels to 7 Bridges Ministry with the Shadowbrook leadership during 2011. Our plan is to go down to the bridges on the first Saturday of each month from 10:45am - 5:00pm and to "The Garden" women's shelter on the last Monday of each month from 5:30pm - 8:00pm unless informed otherwise.

I/We understand all reasonable safety precautions will be taken at all times by **Shadowbrook Baptist Church** and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency.

I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold **Shadowbrook Baptist Church**, its leaders, employees, and volunteer staff, liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name (Please Print) _____ Student Name _____

Parent /Guardian Signature _____ Date _____

Address/City/Zip _____

Cell Phone # _____ Home Phone # _____