

Travel Permission Slip

Shepherd of the Hill Lutheran Church

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925 East 9 Street
Lockport, Illinois 60441
(815) 838-0708

Name: _____ Age: _____

My son/daughter, (named above), has my permission to participate in **F5 Heritage Falls Water Park** on **July 18th from 9:00am to 5:00pm** (Pick up and drop off will occur at Shepherd of the Hill. If arrangements need to be made for early or late pickup or drop off contact Mike Markwell prior to the event).

In consideration of the fact that Shepherd of the Hill Lutheran Church is a religious institution in which its membership is voluntary, and having full confidence that every precaution will be taken to insure the safety and wellbeing of my son/daughter during this activity, I hereby waive all claims against the leaders of this activity and the officers, agents, and representatives of Shepherd of the Hill Lutheran Church. In signing below you grant us permission to use photographs of your child at events for promotional purposes, both in print and electronically.

I also certify that my son/daughter is in good health and may participate in all the normal activities of the group, except for those listed below. In case of sickness or accident, I give my permission for medical care and drugs to be administered, as deemed necessary, by a qualified physician. My son/daughter has the following allergies and/or physical limitations (including any drug allergies):

Parent/guardian signature: _____

Address: _____ Phone: _____

Emergency contact: _____ Relationship: _____

Phone: _____

Permission Slip and money are due by Sunday July 15th Cost is \$10 and includes lunch, and entry to the water park.