

**Permission Slip/Liability Waiver
Victory Christian Academy All Night Lock-In**

As the parent/legal guardian of _____, I am in complete understanding that my son/daughter is participating in the **All Night Lock-In (Friday, February 4, 2011 to Saturday, February 5, 2011)** sponsored by the **Student Council of Victory Christian Academy**. I fully understand and choose not to, and will not, hold **Faith Landmarks Ministries, Victory Christian Academy**, or any of their **agents, assigns, employees, or volunteer sponsors** (hereafter all referred to as **sponsors**) liable for any accidents, injuries, or any other unforeseen harms incurred at any time while participating in this activity, except in the case of gross negligence. I authorize **Faith Landmarks Ministries, Victory Christian Academy**, and their **sponsors** to find adequate and reasonable medical treatment at my expense, if the need arises.

This waiver will serve as a medical release form, thus authorizing the sponsor permission to act on my behalf until such time that I can be contacted.

Additionally, I understand that if my son/daughter engages in any known or unknown illegal activities at any time while participating in this youth event, **Faith Landmarks Ministries, Victory Christian Academy** and their **sponsors** will not be liable for any damages or problems he/she may cause, and will not be liable to provide any legal defense on his/her behalf. I also understand that if any problems do arise, then my son/daughter will be sent home at the **sponsors'** discretion. The parent/guardian will be contacted in the event this action proves necessary.

I understand that by signing below, as the parent/legal guardian, I agree to and will adhere to the preceding statements and grant permission for my child to participate in this activity (signing below does not nullify your rights acknowledged by local, state, and federal laws). Also, I understand that my child will not be allowed to participate if he/she is not accompanied by this completed form before the activity begins.

PARENT/GUARDIAN SIGNATURE

DATE

Phone #(s)

As a teen participant, I agree to abide by the guidelines and instructions of **Faith Landmarks Ministries and Victory Christian Academy**. I understand that if I disobey guidelines, instructions and expectations of **Faith Landmarks Ministries** and **Victory Christian Academy**, I will be sent home.

Teenager's/Student's Signature

Date

*Signature of student's school principal _____ Date _____
(Verification of student's good character and standing within his/her school community)

Additional Information Required of the Parents/Guardian(s)

Please give your teenager's insurance information below. This information will only be used if a situation warrants emergency medical attention. If we do not have this information, then we will still seek medical treatment, but the billing issues will need to be settled among you, the insurance provider, and the medical provider.

Insurance Provider Name

Policy Number

Insured's Name

Group Number (if applicable)

Teenager's Doctor

Phone #:

Mother's Name

Father's Name