

**Trinity Episcopal Church  
2216 Ball Street  
Galveston, Texas 77550**

**phone 409/765-6317 fax 409-762-7000 www.trinitygalv.org**

**Event Permission Form**

My child, \_\_\_\_\_

has my permission to attend and participate in \_\_\_\_\_

sponsored by Trinity Episcopal Church, Galveston, Texas.

I represent that my child is healthy and capable of participating in said event without causing risk of danger, illness or accident to him/herself, or to others. I agree to hold harmless the leaders of Trinity Episcopal Church, the leaders of other churches involved, the Bishop of Texas and the Diocese of Texas in the event of any accident or injury.

In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately, or, because of an emergency, there is not time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

**I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.**

**Note: The sponsors of this event do not provide insurance in case of injury or illness.**

Custodial Parent or Legal Guardian Signature (faxed signature acceptable):

\_\_\_\_\_ Date \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_