

# 2010 Youth Trip Release Form

## Deer Creek Christian Church

425 Exchange Street  
University Park, Illinois 60466  
(708) 672-6515

Deer Creek Christian Church has my permission to allow

\_\_\_\_\_ (child's first and last name) to take part in events held by the Deer Creek Christian Church including the transporting of him/her as required by the church or its appointed supervisor(s). I will NOT hold Deer Creek Christian Church or its supervisor(s) liable for any accident, injury or loss of any kind in connection with this outing. I give my permission for the supervisor(s) to seek medical attention for my child, if needed, and assume all responsibility for costs of said medical attention.

Signed by: \_\_\_\_\_  
(Parent or guardian)

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Carrier (Medical): \_\_\_\_\_

Policy Number: \_\_\_\_\_

Company phone number: \_\_\_\_\_