

FUNARTS FESTIVAL 2017 **PERMISSION FORM**

PARTICIPANT NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

Emergency Contact Number Info: _____

Any Special Information: _____

As parent or guardian of the above named child, I hereby give my approval for my child to attend the **2017 FUNARTS FESTIVAL** at **Campbellsville University - Campbellsville, KY** which is sponsored by the **KY Ministry Network Children's Ministries**.

I hereby release, absolve, indemnify and hold harmless the **KY Ministry Network**, its representatives, supervisors and employees in the event of injury to my child and hereby waive all claims against them.

I further understand that the **KY Ministry Network** will not provide any form of medical insurance and that the **KY Ministry Network** will not be responsible for any expenses incurred as a result of injury, illness, loss or accident to the person or property of my child, while on said field trip.

PARENT/GUARDIAN NAME: _____ (PRINT)

PARENT/GUARDIAN CONSENT: _____

CHILDREN'S DIRECTOR'S SIGNATURE: _____

**** ONE COPY PER CHILD***