



New Image Revolution

A Youth Ministry of New Image Outreach

This permission slip is required in order to attend any event with New Image Revolution

I, the undersigned, request that my child, _____, (Full Name)

who was born on _____, (Month / Day / Year) and is in the _____ grade, (Grade) be permitted to participate in any event with New Image Revolution.

I, hereby waive all claims, which I might have against New Image Outreach, their agents, and employees, for injury, accident, illness or death occurring during or by reason of the above activity.

(I) (we) (parents) (guardian) of the child named above do hereby authorize New Image Outreach as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Signature of Parent or Guardian:

Date

Emergency Contact Information:

Parent's Contact Phone Number(s):

Name of additional contact:

Relationship to Child

Phone Numbers