



**PIEDMONT PARK**  
SEVENTH-DAY ADVENTIST CHURCH

## Youth Pool Party Permission Slip

**Event/Activity:** Private Pool Party at 2024 Scuba Vacation Bible Experience. **Date of Event:** July 19, 2024

Name: \_\_\_\_\_ Parent/Legal Guardian: \_\_\_\_\_

Name of Person to contact in case of an emergency (other than Parent): \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

I \_\_\_\_\_ [  ] give [  ] do not give my child/children permission to participate in the following off-campus activities Youth Pool Party at 6525 S 66th St. Lincoln, NE 68516.

As a parent/legal guardian of \_\_\_\_\_, I have reviewed the information about the off-campus premise trip(s) and give permission for the subject of this release to be involved in the overall activities of this event.

I/We understand all reasonable safety precautions will be always taken by Vacation Bible Experience Staff and its agents during the events and activities.

However, in the event of an accident or emergency, I hereby [  ] give [  ] do not give permission and authorize for medical treatment to be administered. This may be administered by an accredited hospital and/or healthcare professional as deemed necessary for the subject of the release.

I/We understand the inherent risks involved with a group of children at a private swimming pool and the possibility of unforeseen hazards.

I/We agree not to hold Piedmont Park Seventh-day Adventist Church in Lincoln, NE, its leaders, employees, and volunteer staff and owners of the house liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I HAVE FULLY INFORMED MYSELF OF THE CONTENT OF THIS PERMISSION SLIP BY READING IT BEFORE I SIGNED IT AND HAVE RECEIVED PROPER INFORMATION REGARDING ITS CONTENTS AND THE ACTIVITIES INVOLVED.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name and relationship to participant: \_\_\_\_\_