



Mid-Town Parish United Methodist Church

P.O. Box 3415, Phila., PA 19122

Physical Address: 700-18 West Norris Street

Rev. Eric W. Carr Jr, Pastor

Website: www.midtownparish.org Email: midtownparish@yahoo.com

Parent's Permission

_____ will be traveling in the church van and participating in the MID-TOWN PARISH UNITED METHODIST CHURCH trip to

_____ on _____.

I understand that the Program is under organized supervision and no imprudent risks will be taken; assured of this, I agree that in case of loss or injury, I will not hold the MID-TOWN PARISH UNITED METHODIST CHURCH or any person connected with the program liable.

If emergency medical attention should be required, I authorize the supervisor to procure it and agree to hold him/her and the physician blameless from any charge of malpractice.

Date

Print Parent/Guardian Name

Address

Phone

Email Address

Signature of Parent/Guardian