

# Houston First Church of God Lock-in Permission Slip

I \_\_\_\_\_ grant my permission for \_\_\_\_\_ to participate in the **HFCOG Lock-in** beginning Friday, March 19 at 7pm and Ending Saturday March 20 at 7am Permission forms must be turned in by Wednesday, March 17 at 8:00 PM. No permission forms will be accepted after that date or the night of the lock-in.

### By signing this permission form, I understand the following:

- Youths cannot leave the building before the event is over, unless a parent picks them up.
- Parents will be called to pick up a youth if the youth leaves the event/building for any length of time and/or acts in manner deemed unacceptably by Pastor David or any other youth leader.
- I must provide a contact number where I can be reached during the lock-in in case of emergency.
- I understand is my obligation to inform the church of any and all health considerations or medical conditions that would restrict my child's participation in any event.
- My signature below also gives permission for my teen to participate in all activities and watch PG/PG-13 movies during the lock-in.
- My signature below also gives **HFCOG** permission to take photos and record videos of my teen during the event and use them to promote the youth ministry, its programming and services.
- I acknowledge by signing this document, that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against **HFCOG** on the basis of any claim form which I have released them herein, I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions remain in full force and effect. I have fully informed myself of this **PARENTAL AUTHORIZATION, CONSENT AND RELEASE** by reading before I signed it.

My teen will get home by:  Walking  Driving  Parent  
 Riding with: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Cell: \_\_\_\_\_ Parent Alt Phone: \_\_\_\_\_

### MEDICAL RELEASE INFORMATION

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

Contact: \_\_\_\_\_  
(Main Phone Number) \_\_\_\_\_ (Alt Phone Number)

*In the event of an emergency where medical attention is required, I hereby grant permission to the HFCOG staff to obtain services from a licensed physician.*

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