

Dear Parent(s)/Guardian,

Thank you for allowing your child to be a part of Bible Adventure! We have enjoyed getting to know him/her this year. **We want to share with you a special activity that your child can be a part of.** On Saturday, April 25th, the Joy El Jubilee will be held on the grounds of Joy El Camps & Retreats. Activities include, zipline, hay ride, giant swing, flying squirrel, go-karts, craft vendors, games, door prizes, clowns, climbing tower, face painting, canoeing, archery, bake sale, mini-golf, and chicken barbecue. All of the activities are free with the exception of the bake sale, craft vendors and the chicken barbecue. You and your child(ren) are invited to attend!

We need your consent for your child to participate in this activity. The cost for transportation is \_\_\_\_\_. Transportation will be leaving from \_\_\_\_\_ at \_\_\_\_\_ and returning to \_\_\_\_\_ at \_\_\_\_\_.

Questions? Call \_\_\_\_\_.

Joy El Jubilee

April 25, 2020

Office Use Only

Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_

Parent's Email Address \_\_\_\_\_ Student's Email Address \_\_\_\_\_

Family Doctor \_\_\_\_\_ Dr.'s Phone \_\_\_\_\_

What medications are you presently taking? \_\_\_\_\_

What medications are you allergic to? \_\_\_\_\_

In an emergency contact:

Name \_\_\_\_\_ Relationship to you (child) \_\_\_\_\_ Phone \_\_\_\_\_

- I give permission to use photos that include my child in print or internet publicity.
- As a parent/guardian of \_\_\_\_\_ (child's name), I hereby fully waive, release and discharge Joy El Camps & Retreats, its agents, employees, successors and assigns, from any and all rights, claims, and actions, arising now and/or in the future, out of my child's participation in this activity conducted by and/or under the auspices of Joy El Camps & Retreats. I further agree to indemnify and hold harmless Joy El Camps & Retreats from any claims arising out of any injury or harm my child may cause to another individual during the course of his participation in this activity.
- I understand that providing my e-mail address gives Joy El permission to send news and event information.

\_\_\_\_\_  
Name of Parent or Guardian – Please Print

\_\_\_\_\_  
Signature of Parent or Guardian – in ink ( ) \_\_\_\_\_  
Phone # during event \_\_\_\_\_ Date \_\_\_\_\_

Please return this permission form to your Bible Adventure/CIA Coordinator by \_\_\_\_\_ .