



# LIFE BRIDGE

MENTORS TO THE LAKES REGION

## GENERAL PERMISSION FORM

Name of Activity: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_ Locations: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone#: \_\_\_\_\_ Work#: \_\_\_\_\_

As parent/legal guardian of \_\_\_\_\_, I have reviewed the overall schedule of events for the above mentioned activity and give my permission for my son/daughter's participation.

I/We acknowledge risks and dangers may arise from foreseeable or unforeseeable causes; and by my son/daughter's participation in these activities I hereby assume all risks and dangers and all responsibility for any owners, agents, officers, employees of Life Bridge, or by any other person.

I/We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my son/daughter during any Life Bridge activity to be used, distributed, or shown as Life Bridge Inc. sees fit.

I/We, on behalf of myself, my personal representatives and my heirs, hereby agree to release, waive, discharge, hold harmless Life Bridge owners, agents, officers, and employees from any and all claims, actions, or losses for any bodily injury, property damage, wrongful death, loss of services or other circumstances which may arise out of my participation in the above mentioned Life Bridge activities.

Name of your parent's or your insurance company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

If my child, or I as an adult participant, become(s) injured or ill during the activity, including traveling with a Life Bridge group, to and from the activity, I hereby authorize Life Bridge to secure, at my expense, medical treatment, including surgery, for my Son/Daughter or me if I should be unconscious.

I hereby authorize all health care providers to release all medical information regarding my child or me, if I am an adult participant, to my personal or group insurance company and to Life Bridge. I hereby certify under penalty of perjury that the above and foregoing is true and correct.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Student's Signature)