

## ADVENTURER PERMISSION SLIP

As parent/guardian, I give permission for \_\_\_\_\_ to  
participate in the following activity sponsored by the \_\_\_\_\_  
Adventurer Club.

**ACTIVITY** \_\_\_\_\_

**DATE** \_\_\_\_\_

In case of emergency, I hereby give permission to the physician selected by the Adventurer Club leaders to secure proper treatment for my child including: ordering injections, x-rays, hospitalization, anesthesia, and/or surgery. I accept the conditions stated, including the release of the Carolina Conference, church, and Adventurer leaders from liability in case of accident or illness.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number