

Permission Slip

As the parent and legal guardian of _____ (*the subject*),
I _____ give permission for *the subject* of this release to be involved in the
activity as detailed below.

Activity: WAMC Church Retreat
Church Staff Responsible: Danny Ray, Rita Classen, Arlene Jones
Date/s: September 3, 2021– September 5, 2021
Time of Departure: _____ Time of Return: _____

Other Details: If under age 18, you must have an adult sponsor approved by
WAMC. Name of adult sponsor: _____

I understand that all reasonable precautions will be taken at all times by the WILKENS AVENUE
MENNONITE CHURCH or its agents to insure the safety and protection of *the subject* in case of an
emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of
risk. I agree not to hold WAMC, its leaders, or staff liable for damages, losses, diseases, or injuries
incurred by *the subject* of this form.

Parent/Guardian Signature: _____ Date: _____

Relation to child: _____

Phone #: _____

Address: _____

Medical information we may need to know: _____

Optional tear-off sheet for parent or guardian:

Location of activity: Camp Andrews, 1226 Silver Spring Rd., Holtwood PA 17532

In case of emergency, you may reach your child by phone at this number: 717-284-2019

Other information: No smoking, illegal drugs, or alcohol allowed at Camp. Do not bring
electronic toys or games. Cell phones do not always work at Camp.