

**BOY SCOUT PERMISSION / RELEASE FORM**

**Calvary Chapel Church, Inc.**

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[www.calvaryftl.org](http://www.calvaryftl.org)

**Activity:** \_\_\_\_\_

Destination: \_\_\_\_\_

Date of Trip: \_\_\_\_\_ from \_\_\_\_\_ (am/pm) to \_\_\_\_\_ (am/pm).

Leader(s): \_\_\_\_\_ Cost per Scout: \_\_\_\_\_

Name of Scout: \_\_\_\_\_ Age: \_\_\_\_\_

**Permission and Release:** The undersigned hereby releases and holds harmless Chapel Church, Inc., their agents, Pastors, staff, volunteers and parents participating in the activity listed above:

1. From any and all liability for any mishap or injury to the child named herein from the time of departure to the time of return.
2. From any injury or damage resulting from the mode of transportation or the provider of any such transportation whether resulting from an accident or otherwise.
3. From any loss, destruction or damage to any personal property.

I further agree, that any claim or dispute arising from or related to this agreement shall be settled by Christian mediation and, if necessary, legally binding Christian arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

**Medical Release:** In the event my child suffers a sudden illness, accident or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

**Medical Instructions:** \_\_\_\_\_

Family Physician: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Parent / Legal Guardian**

**Name:** \_\_\_\_\_ **Wk Phone:** \_\_\_\_\_ **Hm Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian**