

**2017-2018  
Parent Permission Form  
Waiver and Release**



I hereby, give consent for \_\_\_\_\_ to participate in:  
(Child's name)

**\*\*Olivet Preschool's 2016- 2017 program and activities, a ministry of Olivet EPC of Evansville, Indiana.** I understand that notice of location, time and date will be sent home at least one week prior to the event. I understand my child will also participate in activities on the property of Olivet Evangelical Presbyterian Church where community agencies will be invited to share information and resources (i.e. McCutchanville Volunteer Fire Department & the Mesker Park Zoo Docent Program, for example). Further, I, on behalf of my child, agree to release Olivet Preschool and Olivet Evangelical Presbyterian Church, their officers, employees and any parties volunteering on behalf of Olivet Preschool from all actions, claims, costs, expenses or damages of any kind occurring out of or related to any activity offered by Olivet Preschool in which my child participates.

**Parent Signature & Date** \_\_\_\_\_

\*\*I agree to direct my child to cooperate and conform to directions and instructions of the supervisory staff in charge of the field trip or event. Should it be necessary for my child to have medical treatment while participating in an activity or field trip, I, hereby, give the school/church personnel permission to use their judgment in obtaining medical service for my child and I, give permission to the physician selected by the school/church to render emergency medical treatment deemed necessary and appropriate by the physician. I understand that Olivet Preschool will make every effort to utilize the information provided on my child's emergency information card.

**Parent Signature & Date** \_\_\_\_\_

\*\*I, hereby, authorize the making of photographs, CD's, slide shows, videos of my child while participating in Olivet Preschool events and daily activities. I agree and understand that my child may be included in a CD or DVD produced by Olivet Evangelical Presbyterian Church for Olivet Preschool program use and will be made available for existing Olivet Preschool families for personal use only. I understand my child's photo may be used in printed promotional or informational material for Olivet Preschool or Olivet EPC. The photos may also be used in electronic form on the Olivet EPC website and Facebook page. I also understand my child will not be identified by name in the above media.

**Parent Signature & Date** \_\_\_\_\_

**Please Note: With the exception of the last paragraph, the permission slip must be signed in order for child to participate in the Olivet Preschool program.**

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Home Phone #)