SECOND EPISCOPAL DISTRICT OF THE AFRICAN METHODIST EPISCOPAL CHURCH

SUMMER SUMMIT 2018: July 16-19, 2018

Hampton University, Hampton, VA

PERMISSION SLIP AND LIABILITY WAIVER

[please print legibly and sign where indicated]

I,, tł	ne parent/legal gu	ardian of
("my child"), grant permission for my child to at	ttend the Summer S	ummit 2018 hosted by the Second Episcopal
District of the African Methodist Episcopal Cl	hurch at Hampton	University from July 16-19, 2018.
I understand that some of the recreational actinclude, but are not limited to, the following demonstrations; physical fitness classes and transportation to, from and during the Summrisk. I also understand that personal injury mand chaperones to seek and consent to emerge be liable for and to pay all costs incurred in consent to the second seco	g: bowling; billiard cheerleading. I u nit, and other activi ay occur to my chil ency medical attent	s; darts; ping pong; basketball, martial arts nderstand that these activities, as well as ties, are fraught with inherent and unknown d. I hereby authorize the Summit 2018 staff fon for my child as needed. I further agree to
I hereby release Hampton University and the Church, the African Methodist Episcopal Church, and all employees, agents and volunclaims, demands, causes of action and possible damage or injury (including death) that may be from this event.	nurch, Inc. all districters thereof (collecter causes of action where	icts, conferences and connectional churches vively the "Church") from any and all liability, natsoever arising out of or related to any loss,
I give permission for my child to ride in any traveling to and from this event. I agree to accomy child may do to the property of the Church Summit, other's personal property, or vehicle follow and conform to the rules and instruction	cept full responsibil h, properties visited es used for transpo	ity, financially or otherwise, for any damage during the Summit, including the site of the relation. Finally, I have directed my child to
Parent/Legal Guardian Signature	Date	Cell Phone Number