SECOND EPISCOPAL DISTRICT OF THE AFRICAN METHODIST EPISCOPAL CHURCH SUMMER SUMMIT 2019: July 8-11, 2019

Sheraton Norfolk Waterside Hotel – 777 Waterside Drive – Norfolk, VA 23510

PERMISSION SLIP AND LIABILITY WAIVER

[please print legibly and sign where indicated]

I,	_, the parent/legal guardia	an of
("my child"), grant permission for my ch		
Episcopal District of the African Method		
from July 8-11, 2019.		
I understand that some of the recreational include, but are not limited to, the following and cheerleading. I understand that the Summit, and other activities, are fraught injury may occur to my child. I hereby aut to emergency medical attention for my child.	ng: basketball, martial arts ese activities, as well as tr with inherent and unknow thorize the Summit 2019 so hild as needed. I further ag	demonstrations; physical fitness classes ransportation to, from and during the vn risk. I also understand that personal taff and chaperones to seek and consent
incurred in connection with such medical		
I hereby release the Sheraton Norfolk W. Methodist Episcopal Church, the African connectional churches therein, and all efrom any and all liability, claims, demand out of or related to any loss, damage or it participating in or traveling to and from the	n Methodist Episcopal Charmployees, agents and volumes, causes of action and possinjury (including death) the	urch, Inc. all districts, conferences and unteers thereof (collectively the "Church") sible causes of action whatsoever arising
I give permission for my child to ride in traveling to and from this event. I agree to my child may do to the property of the Cothe Summit, other's personal property, or to follow and conform to the rules and instance.	accept full responsibility, f Shurch, properties visited d vehicles used for transport	inancially or otherwise, for any damage luring the Summit, including the site of tation. Finally, I have directed my child
Parent/Legal Guardian Signature	Date	Cell Phone Number