

RIVERSIDE PERMISSION FORM

NAME _____ AGE _____ CURRENT GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ CELL OR EMERGENCY _____

ACTIVITY NAME: _____

DATE OF ACTIVITY: _____

Transportation: _____

FAMILY HEALTH INSURANCE

INSURANCE COMPANY _____

INSURANCE ID# _____ GROUP# _____

INSURANCE PHONE# _____

RELEASE FORM

I, _____, give permission to send my daughter/son
_____ to participate in the above activity. And I hereby release and
discharge Riverside Church together with their pastors, employees, and administrations,
jointly and several from any and all liability, claims, actions, and demands whatsoever,
which may result from such participation or otherwise. I further agree to indemnify and hold
forever harmless, against any loss which may be sustained in consequence of such
participation, any aforementioned sponsors, their agents, servants, or employees, and
further, that no agreement, either verbal or written shall in any manner affect this release.
Therefore this release shall be binding.

Signature: _____

Date: _____