



St Mary Coptic Orthodox Church
East Brunswick, New Jersey
4th Grade Sunday School Trip

PICKUP AND DROP OFF ARE AT ST. MARY CHURCH

Date: Saturday, December 2nd, 2017

Location: UrbanAir – 396 Ryders Ln, Milltown, NJ 08850 (UrbanAirMilltown.com)

Cost: \$25 (**CASH ONLY**) [Covers food, transportation, and UrbanAir admission]

Time: 7:45 AM (Liturgy) - 7:45 PM (end of Sunday School)

Contact Person: Peter Attia (732-609-4689)

Permission Slip Due Date: the day of the Trip – Your child **WILL NOT** be able to participate without the church permission slip (this document) **AND** the UrbanAir online waiver completed (see below)

I hereby give permission to _____ to participate in the above-described activity organized by St. Mary Coptic Orthodox Church of East Brunswick, New Jersey [the Church].

As the parent/guardian of the above-named child, I fully realize that there are risks inherent in the student's participation in this activity and I assume all such risks. Accordingly, I intending to be legally bound, hereby release and hold harmless the Church, its clergy, servants, agents and volunteers from any and all liability as a result of the student's participation in the activity, or any injury, loss, damage or incident occurring during my child's participation in the activity regardless of any negligence on the part of Church, its clergy, servants, agents and volunteers.

Furthermore, I also grant the Church, its clergy, servants, agents and volunteers full authority to take whatever action it considers warranted under the circumstances for the student's health and safety. Specifically, in case of a situation requiring medical treatment, I authorize the Church, its clergy, servants, agents and volunteers, at its discretion and at my expense, to place the above-named child in a hospital for medical services and treatment, or if no hospital is available, to obtain medical service and treatment from a doctor. In obtaining, authorizing, and supervising such medical service and treatment, the Church, its clergy, servants, agents and volunteers shall have the discretion to act in the same manner and with the same authority as I could act if present. This authorization is given with the understanding that if a situation arises requiring medical treatment, the Church, its clergy, servants, agents and volunteers will immediately attempt to notify the student's parent/guardian or emergency contact person named below and will continue in its efforts to notify the parent/guardian or emergency contact person until it has succeeded in doing so.

Child's Name:

First Name

Last Name

Name of father or mother:

Emergency Contact:

Name

Home Phone #

Cell Phone #

Does your child have a medical condition such as asthma, or any medication that will require special attention? (please explain)

Please initial here to indicate that YOU, the parent, have completed the online UrbanAir waiver. Your child WILL NOT be able to participate without this waiver completed!

Link to the Online UrbanAir Waiver: <http://bit.ly/SMCOC4B> (Please select the option to email you a copy of document for proof of completion if necessary)

Parent Signature

DATE