



Truth Transformation Worship Center

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www.itistruth.org * <https://www.facebook.com/truthtransformationministries>

Dr. Roderick S. Hawthorne, Senior Pastor * Pastor Crystal W. Hawthorne, First Lady

Outing "Permission and Release from Liability" Form

Upon completion of this form, please print and endorse, then submit to the church's administrator.

Date of today _____ TTWC Ministry Sponsoring Outing _____

Outing Information

Outing/Event Title: _____
Outing Location & Address: _____
Date of Outing: _____ Time of Outing: _____

Parent/Guardian - Complete the following sections:

PARTICIPATING YOUTH'S INFORMATION			
Child's Name: _____	_____	_____	Age _____
	LAST	FIRST	MIDDLE INI.
Street Address: _____	Apt. #: _____		
City: _____	State: _____	Zip: _____	
Cell Telephone: _____	Home Telephone: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

EMERGENCY CONTACT INFORMATION <i>Persons to contact (other than parents) in case of an emergency</i>			
Name(s): _____			
Street Address: _____		Apt. # _____	
City: _____	State: _____	Zip: _____	Relation to youth: _____
Home #: _____	Work #: _____	Cell #: _____	
FAMILY PHYSICIAN: _____		TELEPHONE: _____	

PARENT/GUARDIAN INFORMATION			
Name(s): _____			
Street Address: _____		Apt. #: _____	
City: _____	State: _____	Zip: _____	
Home #: _____	Work #: _____	Cell #: _____	
Email Address: _____			

COMPLETION OF THIS SECTION IS REQUIRED

I give permission for my child, _____ to attend the specified
(Child's Full Name)
outing / event sponsored by Truth Transformation Worship Center on the scheduled date and time.

I, _____ (Parent's / Guardian's Name), do hereby release and give up all known and unknown civil claims against Truth Transformation Worship Center resulting from any type of injury to the above participating party as a result of the party's participation in the said outing from the "starting to ending" points. Truth Transformation Worship Center will be held harmless and blameless of any claims of damages to the person and/or his personal belongings.

X _____
(SIGNATURE OF PARENT/ GUARDIAN)

X _____
(EMERGENCY TELEPHONE#)

X _____
(Date of today)

PARENT/GUARDIAN'S NOTES:

PLEASE RECORD ANY PERTINENT DETAILS THAT WE SHOULD KNOW CONCERNING YOUR CHILD:

STAFF/OFFICE NOTES: (ENDORSE AND DATE ALL OFFICE NOTES.)

SUBMIT A COPY OF THIS COMPLETED FORM TO THE FOLLOWING:
MINISTRY LEADER, TTWC ADMINISTRATION DEPARTMENT, AND PARENT/GUARDIAN