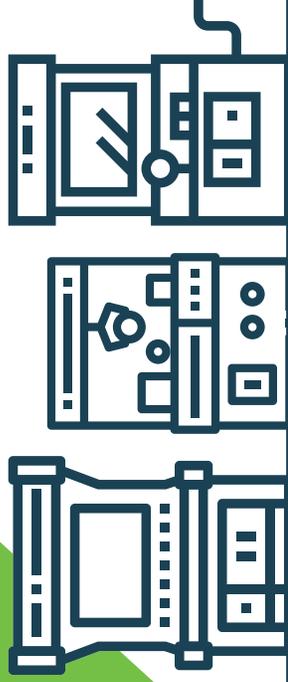


You're Invited!

Enjoy great fun and games at the Zap Zone Fun Center with your family and friends to support:

The Crash Jamaica Mission Team



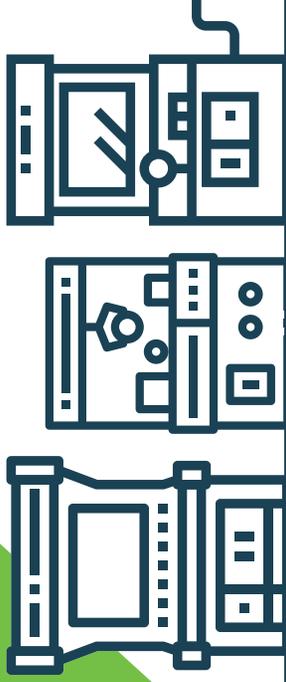
\$20

Wednesday March 20, 2019 • 6:00pm - 9:00pm

You're Invited!

Enjoy great fun and games at the Zap Zone Fun Center with your family and friends to support:

The Crash Jamaica Mission Team



\$20

Wednesday March 20, 2019 • 6:00pm - 9:00pm

Transportation Waiver

Student Name _____

I hereby authorize the participation of the above named student in the activities provided by Highland Park Baptist Church. I hereby, release and hold harmless HPBC and it's officers, employees, agent and members of the board from all claims and causes of action by reason of any injury which may be sustained as a result of these activities, whether on church premises or on the way to or from these activities. I agree to direct my child to cooperate and conform with the directions and instructions of personnel of the organization in charge of these activities. I also understand that if my child fails to abide by the state rules, he/she may be sent home at my expense.

I hereby give my permission to the physician, nurse, or dentist selected by HPBC to select medical or dental aid for illness or injury under physicians order including transportation to and from necessary facilities. As a participant, I understand that HPBC is not obligate to carry any insurance to cover those medical or dental expenses.

Parent or Legal Guardian Signature

Date _____ Cell Number _____ Policy No. _____
Insurance Co. _____
Alternate Emergency Contact _____
My Student Will Be on the bus at 5:30pm & 8:15pm _____

Transportation Waiver

Student Name _____

I hereby authorize the participation of the above named student in the activities provided by Highland Park Baptist Church. I hereby, release and hold harmless HPBC and it's officers, employees, agent and members of the board from all claims and causes of action by reason of any injury which may be sustained as a result of these activities, whether on church premises or on the way to or from these activities. I agree to direct my child to cooperate and conform with the directions and instructions of personnel of the organization in charge of these activities. I also understand that if my child fails to abide by the state rules, he/she may be sent home at my expense.

I hereby give my permission to the physician, nurse, or dentist selected by HPBC to select medical or dental aid for illness or injury under physicians order including transportation to and from necessary facilities. As a participant, I understand that HPBC is not obligate to carry any insurance to cover those medical or dental expenses.

Parent or Legal Guardian Signature

Date _____ Cell Number _____ Policy No. _____
Insurance Co. _____
Alternate Emergency Contact _____
My Student Will Be on the bus at 5:30pm & 8:15pm _____