



# Lancaster Presbyterian Church

## Junior/Senior High Youth--Corn Maze

**Event:** Corn Maze; 3901 Niagara Falls Blvd.

**Date/Time:** Saturday, Oct. 21st—meet at the church at 6:00pm, return at 10:00pm

**Cost:** \$12 per person

**Name of Student:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Number:** \_\_\_\_\_

My child, \_\_\_\_\_ has permission to attend the field trip at the location listed above with the Lancaster Presbyterian Church. I understand that my child will be transported in either the church vehicle or a volunteers' vehicle.

I understand that in any activity there are inherent risks and do not hold Lancaster Presbyterian Church or its volunteers liable.

In case of emergency, I am listing my medical insurance information and authorize permission to treat.

**Insurance:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Please specify any allergies, needs, or special concerns** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby GRANT DO NOT GRANT (please circle one) permission for my child, \_\_\_\_\_, to be photographed in public settings during the field trip and the photographs be used by Lancaster Presbyterian Church in digital or print forms for both informational and promotional purposes.

\_\_\_\_\_  
(parent/guardian signature)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Please return this permission slip to Pete Gawron by Sunday, October 15<sup>th</sup>.***

**Contact Pete Gawron if you have any questions.**

**Email:** [petegawron@gmail.com](mailto:petegawron@gmail.com)

**Cell phone:** (716) 220-5443