

Student Name: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

This acknowledges that our student has permission to participate in the stated activity (Human Clue Night). I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for my student as deemed necessary. I also understand that all activities are planned carefully and adequately supervised by mature adults. By signing this I assume and accept all risks and hazards inherent in church-related activities and agree not to hold the church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned.

Parent/Guardian Signature: \_\_\_\_\_  
Family Insurance Carrier & ID #: \_\_\_\_\_  
Prescription Medicine: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Student Name: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

This acknowledges that our student has permission to participate in the stated activity (Human Clue Night). I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for my student as deemed necessary. I also understand that all activities are planned carefully and adequately supervised by mature adults. By signing this I assume and accept all risks and hazards inherent in church-related activities and agree not to hold the church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned.

Parent/Guardian Signature: \_\_\_\_\_  
Family Insurance Carrier & ID #: \_\_\_\_\_  
Prescription Medicine: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Student Name: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

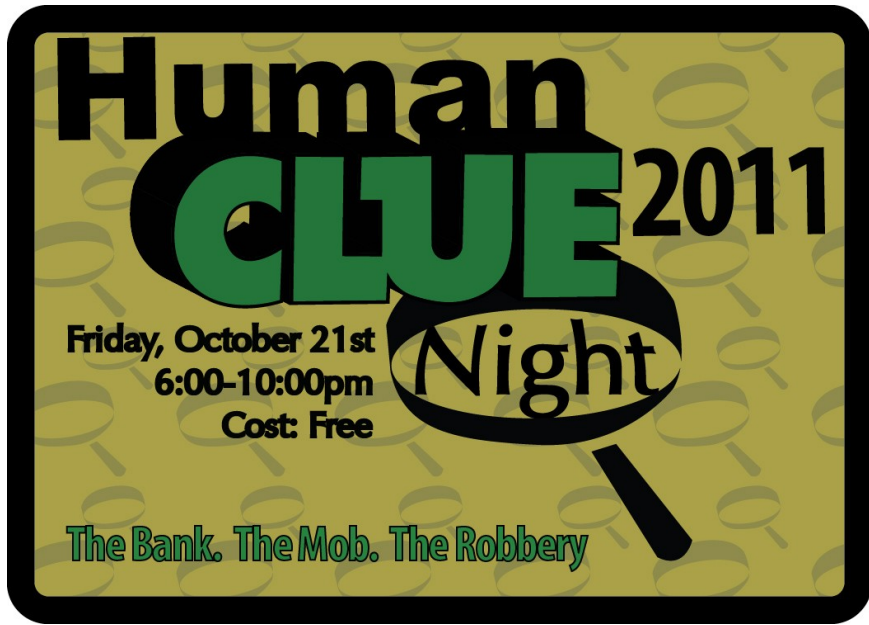
This acknowledges that our student has permission to participate in the stated activity (Human Clue Night). I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for my student as deemed necessary. I also understand that all activities are planned carefully and adequately supervised by mature adults. By signing this I assume and accept all risks and hazards inherent in church-related activities and agree not to hold the church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned.

Parent/Guardian Signature: \_\_\_\_\_  
Family Insurance Carrier & ID #: \_\_\_\_\_  
Prescription Medicine: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Student Name: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

This acknowledges that our student has permission to participate in the stated activity (Human Clue Night). I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for my student as deemed necessary. I also understand that all activities are planned carefully and adequately supervised by mature adults. By signing this I assume and accept all risks and hazards inherent in church-related activities and agree not to hold the church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned.

Parent/Guardian Signature: \_\_\_\_\_  
Family Insurance Carrier & ID #: \_\_\_\_\_  
Prescription Medicine: \_\_\_\_\_  
Allergies: \_\_\_\_\_



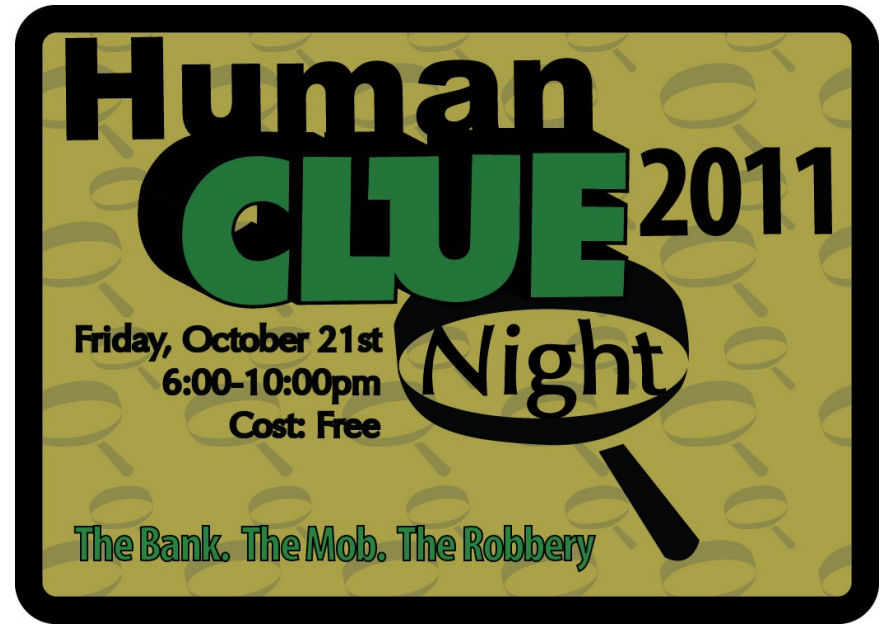
**Human**  
**CLUE** 2011

Friday, October 21st  
6:00-10:00pm  
Cost: Free

Night

The Bank. The Mob. The Robbery

A poster for 'Human Clue 2011 Night' with a green background and a magnifying glass graphic. The word 'CLUE' is in large green letters, and 'Night' is inside the magnifying glass lens. The background has a faint pattern of magnifying glasses.



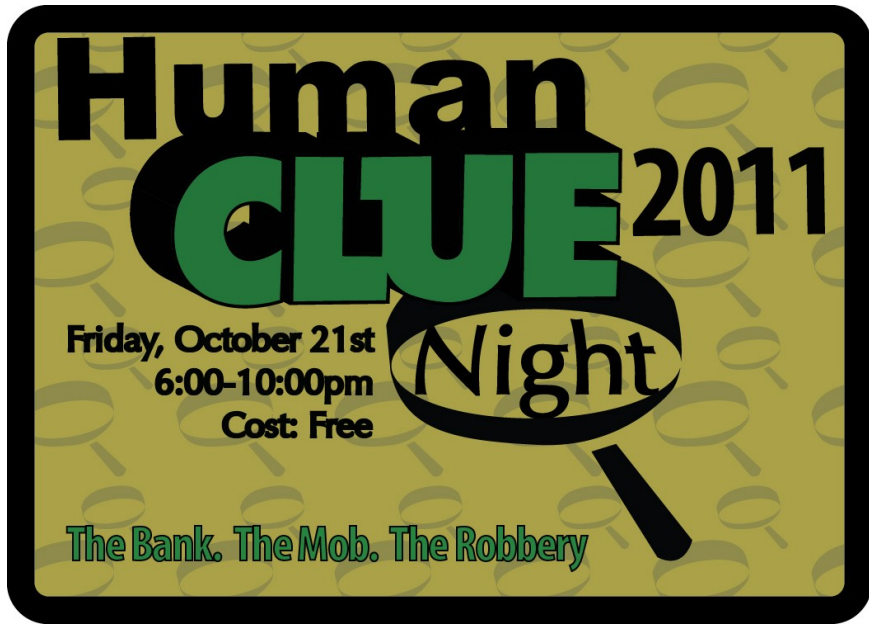
**Human**  
**CLUE** 2011

Friday, October 21st  
6:00-10:00pm  
Cost: Free

Night

The Bank. The Mob. The Robbery

A poster for 'Human Clue 2011 Night' with a green background and a magnifying glass graphic. The word 'CLUE' is in large green letters, and 'Night' is inside the magnifying glass lens. The background has a faint pattern of magnifying glasses.



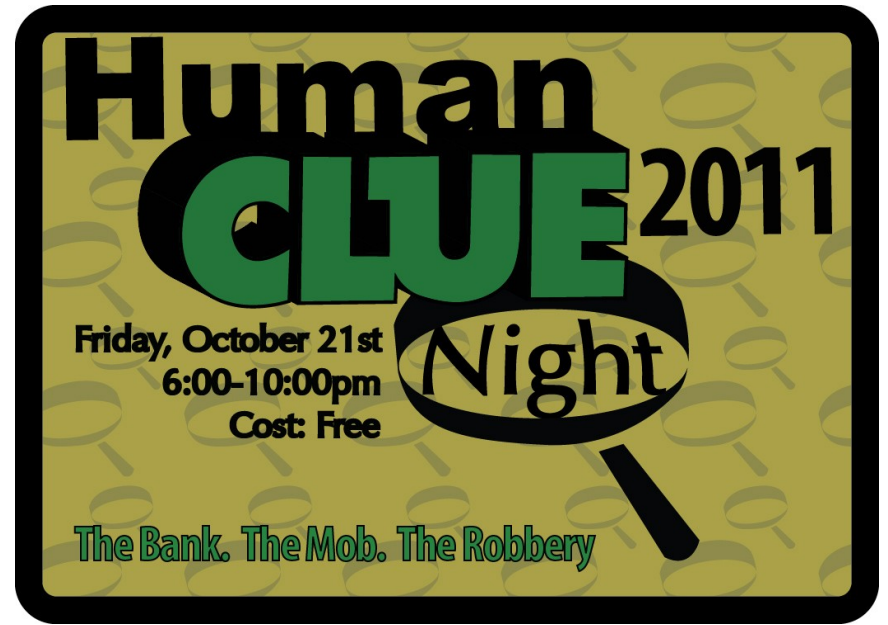
**Human**  
**CLUE** 2011

Friday, October 21st  
6:00-10:00pm  
Cost: Free

Night

The Bank. The Mob. The Robbery

A poster for 'Human Clue 2011 Night' with a green background and a magnifying glass graphic. The word 'CLUE' is in large green letters, and 'Night' is inside the magnifying glass lens. The background has a faint pattern of magnifying glasses.



**Human**  
**CLUE** 2011

Friday, October 21st  
6:00-10:00pm  
Cost: Free

Night

The Bank. The Mob. The Robbery

A poster for 'Human Clue 2011 Night' with a green background and a magnifying glass graphic. The word 'CLUE' is in large green letters, and 'Night' is inside the magnifying glass lens. The background has a faint pattern of magnifying glasses.