

2ND ANNUAL SKOVILLE CHALLENGE

Permission Slip

Please complete this Permission Slip completely. No child or youth can participate in this activity described unless they have a completed permission slip. Thanks.

Skoville Challenge: This is an optional activity that will be taking place during Abundant Life Christian Fellowship's Summer Knock Off (SKO) all-nighter event. In this activity, students will dare to taste a variety of hot sauces scoring up to 250,000 scovilles (the official unit of hotness in a food). If you would like to preview some of the sauces, we will be potentially sampling El Pato, Frank's Red Hot Sauce, Tasuarula, Cholula, Tabasco, Valentina, Tapatio, Louisiana, and Dave's Ultimate Insanity (200,000+). To give you an idea of hotness, Tabasco is 2,000 scovilles and a jalapeño pepper can range anywhere from 2,000-5,000 scovilles. No extra cost is involved for this activity. ***Students with respiratory or heart conditions cannot participate.*** By signing this permission slip, the parent accepts the risk of the activity and will allow their child to participate. If a parent does not want their child participating, no extra action is required. Simply do not sign this form

Activity Location: Abundant Life Christian Fellowship, 3003 York Rd, Everett, WA 98204

Activity Questions: Nick Hauenstein, Youth Pastor: nick@singleword.net | 425.345.7665

Date & Time: At SKO, Friday, Sept 23rd 8:30 PM through Saturday Sept 23rd 7:00 AM

I give permission for my 12-19 year old son / daughter to participate in the above described activity.
(Please print)

Participant's Name:

Parent / Guardian's Name:

Address:

Medical Information

Are there any medical conditions, including allergies, that we should be aware of while your son / daughter is attending If "yes" please describe on the back of this form. Include any instructions regarding medications.

Emergency Medical Care Release

In the event it should become necessary for my son / daughter to receive emergency medical care and I am unable to be contacted or to contact me immediately would cause a potentially harmful delay in treatment, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health.

I also authorize the administration of care by church staff for my son / daughter in the event of minor illness or injury. (Example: applying ice, providing Tylenol, applying antiseptic and bandages to minor cuts, sprains, etc.)

Parent's Signature:

Phone Number(s) () _____

Alternate # () _____