



PARENTAL CONSENT FORM

Name _____ Age _____ Birth Date _____ M F
 Address _____ Phone _____
 City _____ State _____ Zip Code _____
 Church _____ Grade in school _____
 Parent / Legal Guardian(s) Name (Father) _____ (Mother) _____

Event Participation

I understand that I am required to give my consent before my child can participate in this event. By signing this form, I hereby represent that I am the custodial parent or legal guardian of the child listed below and that I consent to my child's participation in this event, including transportation to and from the event (if applicable).

Event Name: _____ Event Date: _____

Event Location: _____

Hold Harmless Agreement

I, on behalf of myself, my spouse, next of kin, executors, heirs, assigns, or anyone else who might claim or sue on my or my child's behalf, fully release and agree not to sue the Lake Region Conference of Seventh-day Adventists and any of its agents, employees, and/or volunteers from any and all liability, including but not limited to any claims, losses, or liabilities due to death, personal injury, disability, property damage, medical expenses, and/or theft, that may arise from or relate to my child's participation in the event, including transportation to and from the event and any provision of medical care.

 (Parent/Guardian Signature)

 (Date)

 (Parent/Guardian Name – please print)

 (Cell or Daytime Phone) (Nighttime Phone)