



# PARENTAL CONSENT FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ ☐ M ☐ F  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Church \_\_\_\_\_ Grade in school \_\_\_\_\_  
Parent / 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 parent or 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: \_\_\_\_\_

## Your Entity's (Conference) Statement

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 \_\_\_\_\_ 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)