

MINOR PERMISSION FORM 2024

l,	(printed name of parent/guardian), am the parent or
legal guardian of	(printed name of minor), hereinafter, "my
child", who was born on//	(birthday). My child is attending and participating in
activities sponsored by Summit Church Assem	bly of God (hereinafter, "camp," "church," "school,"
etc.), located in Anthem, Arizona, beginning o	n the day of (date), year 2024.
activities, and that the possibility of an unforesto be derived and after carefully considering Church is a non-profit organization in Arizona, at any time may have, further release and agre-	able safety precautions will be taken by the leaders of seen hazard does exist. In consideration of the benefits the risk involved and in view of the fact that Summit I or anyone acting on my behalf now have, or hereafter to hold harmless from all liability Summit Church. This s, employees, volunteer staff, and successors for any by the minor listed on this form.
time while participating in an activity, Summi	gages in any known or unknown illegal activities at any t Church, its leadership/officers, employees, volunteer blems your minor may cause, and will not be liable to
Permission to Travel in Vehicle : If it is neces vehicle operated by the staff or volunteers of S	sary, I give permission for my child/youth to travel in a ummit Church.
emergency. However, in the case that I cann ambulance and the providing of necessary	I understand that I will be notified in the case of an ot be reached, I authorize the calling of a doctor and medical services in the event my minor is injured or rch will not be responsible for all medical expenses sponsibility as parent/guardian.
•	fild may be photographed while participating in the for a recognizable image of my child to be posted on Summit media (facebook, etc).
-	understand its contents. I am aware that this is a release y binding agreement between Summit Church and me,
	/ /
(Signature of parent or guardian)	(Date)



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Parent/Guardian Contact In	fo		
Parent/Custodial Adult:			
Home phone:	Cell phone		
Work phone:			
Address:			
City:	State:	Zip Code:	
Alternate Emergency Conta	act Info		
Name:			
Relationship:			
Cell phone:			
Medical Information			
Company:			
Policy/Group #:			
Special Health Concerns / A	llergies (including medica	ations child/youth can NOT take):	