

The Assignment

PARENTAL CONSENT FORM

STUDENT NAME: _____ PHONE: _____

ADDRESS: _____

I, the parent/guardian of _____ who is less than eighteen years of age, hereby request that my son/daughter be allowed to participate in the the events or activities sponsored by *The Assignment*. I hereby assume all risk of accident or harm arising or growing out of, directly or indirectly, any incident of any kind occurring during the course of such program to my child and do hereby release and discharge *The Assignment*., and the agents, associates, and employees of the aforementioned who have organized or participated in the supervision of such program from all claims, demands, suits, causes of actions, rights, costs, expenses, and any compensations whatsoever which may occur to my family and its member during or resulting from participating in the program mentioned. I understand that by signing this Parental Consent Form I am authorizing *The Assignment*. Executive Director of Education or other adult leader, to obtain the services of licensed Emergency Medical Technicians and/or licensed Physicians in the event of a medical emergency involving my son/daughter, and that I will be notified as soon as possible in the event of any such emergency.

Does your son/daughter have any health problems or other special needs which should be brought to the Director of Religious Education's attention? If so, please describe them below:

PARENT NAME: _____

PARENT SIGNATURE: _____

DATE _____ PHONE # _____