

Cross of Hope Parental Consent & Release of Liability Form

I, the undersigned parent or guardian of _____, a minor, do hereby grant permission for my child to participate in travel to and from the event listed below and any activities associated with that travel. I also authorize the sponsors traveling with my child to secure such medical advice and services as may be deemed necessary for the health and safety of my child and I agree to accept financial responsibility. I hereby release Cross of Hope Lutheran Church and all representatives and sponsors from responsibility and liability for any injury or illness that my child may sustain during travel to, during, and from the event listed below:

Event: _____

Location: _____

Dates of Travel: _____

(Please print the following information)

Name of Participant: _____

Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of Parent or Guardian: _____

Note to Sponsors:

Attach a copy of all other consent and medical treatment release forms.