

**PARENT PERMISSION
for IMPACT Lock In**

CHILD'S NAME _____ **AGE** _____

ADDRESS _____
(CITY) (STATE) (ZIP)

PHONE _____

PARENT NAME _____

I/We the parent(s) of the above-named child, hereby give my/our approval for his/her participation in IMPACT Lock In February 23-24. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from St. Paul. We absolve St. Paul Church and its pastor and any volunteer involved in the activities and transportation associated with the event from all claims of personal injury to my/our child under any theory of law resulting from transportation. I understand that my child may be photographed, unidentified in group situations; and I hereby grant permission for my child to be photographed & identified for releases to local papers and/or St. Paul Church website/social media and/or other promotions.

PARENT SIGNATURE _____

DATE _____