



Parental Consent



Full Name of Student: _____

Parent/Guardian Consent to Treatment

I / We the undersigned parent(s) / guardian(s) hereby give our consent for the above named student to participate in ONELIFE Summits at Boulder Adventist Church.

We are aware that our youth may at some point require emergency medical treatment as a result of accident or sickness. To indemnify and hold harmless the Church and its leaders and staff from liability arising from any accident or injury that may occur during group-sponsored functions now and at any future time. This does not waive coverage within the policy limits of church accident insurance, which covers church-sponsored activities. This consent shall remain in continuous effect for the duration of the event or until revoked in writing and delivered to the Pastor, entrusted with the custody of said minor.

Signature of Parent/Guardian _____

Print Full Name _____

Parent/Guardian Mobile Phone _____

Relationship to Applicant _____ **Date of Consent** ____/____/2017

Please Specify Supervision Preference:

- Student must be supervised from the moment of check-in until the conclusion of the program.
- Student is free to move without supervision from the moment of check-in until the conclusion of the program.

Please Specify Pick-up Preference:

- Student is allowed to leave on their own after notifying a leader
- Student is not to leave until picked up by a guardian or parent