

SonFest

PERMISSION FORM

SonFest

I GIVE MY PERMISSION FOR _____ TO PARTICIPATE IN "SONFEST" WITH MEDINA CHURCH OF THE NAZARENE AT MOUNT VERNON NAZARENE UNIVERSITY ON SEPTEMBER 22, 2018.

THE MINISTRY LEADERS OF MEDINA CHURCH OF THE NAZARENE AND CHAPERONES HAVE MY PERMISSION TO TRANSPORT MY CHILD TO AND FROM THE EVENT BY A LICENSED DRIVER.

I UNDERSTAND THAT MEDINA CHURCH OF THE NAZARENE AND ITS MINISTRY LEADERS WILL CLOSELY MONITOR THE ACTIVITIES ASSOCIATED WITH THIS MINISTRY ACTIVITY.

IN THE EVENT OF AN EMERGENCY WHERE MEDICAL TREATMENT IS REQUIRED FOR THE STUDENT LISTED ABOVE, I GIVE MY PERMISSION TO THE CHURCH STAFF OR VOLUNTEERS TO OBTAIN THE SERVICES OF A LICENSED PHYSICIAN. PLEASE ATTEMPT TO NOTIFY ME IMMEDIATELY CONCERNING ANY SUCH EMERGENCY.

SIGNED: _____ DATE: _____

(PARENT OR LEGAL GUARDIAN)

NUMBER(S) WHERE I CAN BE REACHED DURING THE EVENT: _____

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MOUNT VERNON
NAZARENE UNIVERSITY

Son Fest

HEADLINER
LECRAE



SAVE THE DATE!

Two stages, outdoor activities, food trucks, and giveaways! Event is held rain or shine.

SATURDAY, SEPT. 22ND

COST: \$25 + FOOD

SONFEST.MVNU.EDU

MEET @ CHURCH @ NOON

REGISTER BY SUNDAY, SEPT. 16TH

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