

**The Shift Church
Parent Consent Form**

This permission form is to leave the Spicer campus on March 23rd at 6:00pm and return March 25th at 12:30 pm, for the “Tadmor Work Weekend” service project with Elevate Student Ministries.

I _____ as legal guardian of son/
daughter _____, do consent the participation
in activities with The Shift Church.

I hereby understand that as with any activity there is risk of accidental injury. I release the non profit organization, The Shift Church and all ministries related to the 5013c non profit organization connected to The Shift Church from any financial responsibility related to any organized activities. I understand that I am giving permission for my student to be driven by an adult and to leave the church campus or designated meeting place.

In addition, I release the organization The Shift Church to seek medical attention for my son/daughter in the event of a physical injury. I release authorized medical organizations to perform what medical attention is necessary in the event of physical injury. I understand all reasonable attempts will be made to contact guardians prior to medical attention being administered, however if the time of the essence medical procedures will be administered even without immediate contact of stated guardian.

Date: _____

Signature: _____