

# PARENT/GUARDIAN CONSENT FORM

Lutheran Church of the Resurrection  
6365 Douglas Blvd.  
Granite Bay, CA 95746

Child's Name (Last)	(First)	(Middle)	Date of Birth
Address	City	State	Zip Code
Activity			
Dates of Attendance			

As the parent or legal guardian of \_\_\_\_\_, I hereby consent for my child to attend and participate in all activities provided as described above. I understand that participation in certain activities involve a certain degree of risk. I understand that participation in such activities are entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Lutheran Church of the Resurrection, its officers, agents, servants, or employees from liability for personal injury, property damage, or wrongful death arising out of this participation.

Without restrictions

Special considerations or restrictions \_\_\_\_\_

Parent/Guardian printed name \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_