

**SOUTHERN CALIFORNIA CONFERENCE
OF SEVENTH-DAY ADVENTISTS**
1535 E . Chevy Chase Drive
Glendale, CA 91206
(818) 546-8400; Fax (818) 546-8430



**PARENTAL PERMISSION AND
ASSUMPTION OF RISK FORM**

I, _____ (printed name of parent or legal guardian) am the parent or legal guardian of _____ (printed name of minor), referred to as "my child."

My child wishes to and I consent and give permission for my child to participate in the function listed below. The function is sponsored and supervised by the _____ Seventh-day Adventist Church, an organization which is a part of the Southern California Conference of Seventh-day Adventists.

I understand that this consent and permission shall extend to related activities and, if necessary, for the transportation of my child to and from the function site. I have been given the opportunity to ask questions of the supervisors of this function.

My child and I further understand and assume the risk of injury (including death) to my child due to the inherent risks of these activities. I have signed an Authorization for Medical Treatment form and completed the Health and Emergency Information Supplement for my child.

The function which is the subject of this consent and for which I am giving permission to my child to participate is:

Sponsoring Organization:
Name and location of function:
Date and times of function:
Examples of activities related to the function:
How to contact the event supervisor during the function:.

Signature of parent or guardian

Date signed

City and State where signed