

# Faith Alliance Church Youth Permission Form

PLEASE PRINT CLEARLY

I hereby give permission for \_\_\_\_\_  
to attend Fort Peck Youth Retreat 2020 on August 14-16.

**It is understood that every precaution will be taken for the safety and well-being of my student, but in the event of an accident or illness, I hereby release Faith Alliance Church, it's hired staff and volunteers from any liability.**

Parent or Legal Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Number(s) You may be reached at during the event.

Mom \_\_\_\_\_ Dad \_\_\_\_\_

Other? \_\_\_\_\_ Other? \_\_\_\_\_

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