

PARENTS/GUARDIANS CONSENT FORM

To: Acquire the Fire Minneapolis, MN  
CHURCH/SCHOOL/ORGANIZATION CITY, STATE

PARTICIPANT \_\_\_\_\_ AGE/BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PARENTS/GUARDIANS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ALTERNATE CONTACT \_\_\_\_\_

Brainerd Church of the Nazarene Brainerd, MN 56401  
SPONSORING ORGANIZATION ADDRESS, CITY, STATE, ZIP

We, the undersigned parents/guardians of the above named participant, grant permission for the participant to participate in

Acquire the Fire on Feb 15-16<sup>th</sup> 2008  
ACTIVITY DATE

We have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in those activities.

We understand that the activity does present the risk of injury, or even death, to the participant, and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability for injury or death to the participant while engaged in this activity which is caused or contributed to by the conduct of the participant, and agree to indemnify and defend you against any claim or liability asserted against you for any such injury or death to participant.

We also hold you, your agents, employees, and representatives harmless from all liability to any other person or entity arising as a result of the conduct of the participant in this activity and agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such conduct.

If we are not personally present at these activities in which the participant is to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the participant.

The activity begins at 2:00, Brainerd Nazarene Church and the participant should return at Approx Midnight  
Location Time

on Sat, Feb 16<sup>th</sup> . I authorize transportation by Wes & Jillian Wagner  
Date Provider

PARENTS/GUARDIANS SIGNATURES \_\_\_\_\_ DATE \_\_\_\_\_

PARTICIPANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

THIS FORM MUST BE SIGNED AND RETURNED--ONLY THOSE WHO RETURN THIS FORM PROPERLY SIGNED CAN BE GRANTED PERMISSION TO PARTICIPATE