



Parent Permission & Release Form

PLEASE COMPLETE ONE FORM PER STUDENT

Event: View Conference 2026

Group/Ministry:

Group/Leader:

Event Dates: October 24th, 2026

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone#: _____ Home Phone#: _____

Allergies: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____ (ex: "Mom, Dad, Grandparent, etc.")

Emergency Contact Phone#: _____

Consent and Hold Harmless Statement:

I/We, the undersigned, have legal custody of _____ (Student's Name), a minor, and have given consent for him/her to participate in events with The Church at Skyline. I understand that there are inherent risks involved in any ministry or event, and I release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for injury, loss, or damage to person or property that may occur during the course of my student's involvement. I also acknowledge that photographs may be taken of my student at such events and may be used for promotional purposes, including, but not limited to, fliers, banners, and the church website. In the event that he/she is injured, I consent to reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold The Church at Skyline, as well as such person, free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care. I also agree to bring my student home at my own expense should they become ill, or if deemed necessary by the Church staff.

(Parent Name) _____

(Parent Signature) _____

Date: _____