

Sardis Fellowship Youth All-Nighter Event Form

Student's Name (First & Last): _____

Student's Care Card #: _____

I, (parent/guardian), hereby give my child, permission to participate in the **Youth All-Nighter Event** with Sardis Fellowship Baptist Church's youth program from **7:00pm** on **May 20, 2022** to **8:30am** on **May 21, 2022**. I hereby give Sardis Fellowship church personnel (volunteer and paid) the authority to act on my behalf in case of an emergency and to authorize treatment for my child if necessary, if I cannot be reached (parent will be notified immediately), understanding that I am financially responsible. I hereby release Sardis Fellowship Baptist Church and its personnel (volunteer and paid), the owners of the vehicles, property and buildings being used in this event from all claims for damages arising from any accidents or injury caused by participation in the **Youth All-Nighter Event** activities and event transportation.

(Parent or Guardian's Signature)

(Date)

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