

By signing this form I give my child \_\_\_\_\_ permission to attend ValleyScare (in Shakopee, MN) and the Feed My Starving Children food pack (in Coon Rapids, MN) on Thursday, October 20<sup>th</sup>, 2016 and authorize the Adult Leaders to seek necessary medical treatment in case of injury or illness, and will not hold the Adult Leaders or church responsible of any injury or action.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number where you can be reached

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