

Parent Release Form 2026

Minor Check-In & Check-Out



I, _____
(Parent / Guardian Name)

give full permission to _____
(Name of person checking in / checking out)

to Check-In & Check-Out my minor _____
(Minor Name)

to Victory Life Summer Camp and/or Internship Mission Program. I also give the person named above permission to check-in and/or check-out any medications listed on the Medication Authorization Form for my minor.

I understand that my minor will be checked out from Victory Life Summer Camp and/or the Internship Mission Program before being allowed to leave the Camp property, relinquishing Victory Life Church, Camp Victory, Summer Camp, and Internship Mission Program (And including Directors, Staff, Employees, & Volunteers) of any liability once my minor is checked out and has left the Camp property.

Parent / Guardian Signature: _____

Parent / Guardian Printed Name: _____

Date: _____