Parent / Guardian Release Form

Student 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 student _____

(*Student Name*)

to the event _____ hosted by Victory Life or

(*Event Name*)

Victory Life dba Camp Victory. 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 student. I understand that my student will be Checked-Out before being allowed to leave the Camp property, relinquishing Victory Life Church, Victory Life Church dba Camp Victory, (And including Directors, Staff, Employees, & Volunteers) of any liability once my student is Checked-Out and has left the Camp property.

Parent / Guardian Signature: _____

Parent / Guardian Printed Name: _____

Date: _____