



The Church of The Living God International, Inc.

Consent Form

Release of Liability, Medical Consent, Participation Consent

2017 Vacation Bible School

I/We, _____ the parent(s)/guardian(s) of
_____ give my/our

consent for him/her to attend events being organized and or sponsored by The Church of the Living God International, Inc. This consent form also gives permissions to seek whatever medical attention is deemed necessary. By my signing this, I/we hereby release CLGI staff, leaders, directors, volunteers, and The Church of the Living God International Inc. from any and all liability for any injury, loss, or damage to person or property that occur during the course of my/our child's involvement.

Parent/Legal Guardian signature: _____ **Date:** _____

Parent/Legal Guardian signature: _____ **Date:** _____

Please list any allergies and or medical conditions for the child(ren) listed above:

Child Name	ALL Allergies/Health Conditions	Any Other Concerns/Info