

Prince of Peace Lutheran Church
Parental Permission for a High Risk Activity

I, the parent/guardian of _____

Give permission for my child to participate in _____.

I have read the description of the activity planned and understand that my child will be exposed to above-normal risk of injury. I understand that this activity can be dangerous, and there is no guarantee that a serious injury will not occur.

I sustain that to the best of my knowledge, my child _____ has the maturity, required skills and physical ability to participate in the activity described in the attached activity description.

I have completed the Health History Form and the Authorization for Emergency Medical Treatment form.

Signature of Parent/Guardian

Date

Description of Activity:
