

Freedom Hill Community Church Student Ministries PARENTAL PERMISSION FORM

Event Date: October 14-16
Event Name: Fall Retreat
Event Time: 5:30 p.m.

Location: 31 Gilford Ave
Rumney, NH 03266

I hereby certify that I am the parent/guardian of (write child's name) _____
and grant my permission for my child to attend the event named above. I will not hold the representatives
of Freedom Hill Community Church, 77 Kennedy Drive, Malden, MA, or the church itself responsible for any
accident, injury, or damage that may occur. I understand that every effort will be made by these
representatives to properly supervise and protect my child. I also understand that in the event my child is
unable or unwilling to follow the rules I may be called upon to pick him/her up during the night.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Phone: _____

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