Parent Liability Form

I, as the guardian of (student’s name), understand that the Eaton Rapids Campmeeting Youth program will not provide adult supervision of my student outside of scheduled events which are outlined as follows:

10.15am- 12pm -Youth Worship (9.30-12pm on Tuesday July 26)

2-3.30- Recreation

4-5- Small Groups

7-9.30- Tabernacle and Afterglow

Due to the lack or adult supervision I understand that outside of the scheduled events I will oversee my student’s whereabout and safety.

Contact 1 Name Cell Phone Number

(This will be the main person contacted with all communication throughout campmeeting)

Contact 2 Name Cell Phone Number

Guardian’s Printed Name

Guardian’s Signature Date