

# Consent and Release

Event:

Date & Time:

Place:

Additional Information:

I, the undersigned person, hereby consent to my child (named below) participating in the events described in this document. I authorize Jubilee Mennonite Church to take photographs of my child during the activities and release Jubilee Mennonite Church and all persons directly or indirectly representing Jubilee Mennonite Church in the activities described in this document, from any claim relating to any matter whatsoever, including (but not in any way limited to) injury, sickness, death, or loss or damage to property resulting from my child participating in the events described in this document.

\_\_\_\_\_  
*Participating Child's Name*

\_\_\_\_\_  
*Birth Date*

\_\_\_\_\_  
*Participating Child's Name*

\_\_\_\_\_  
*Birth Date*

\_\_\_\_\_  
*Participating Child's Name*

\_\_\_\_\_  
*Birth Date*

\_\_\_\_\_  
*Name of parent/guardian*

\_\_\_\_\_  
*Signature of parent/guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Contact Phone Number*

For further information, contact Anna Marie Geddert @ 204-668-9933 or [jmccommunity@mymts.net](mailto:jmccommunity@mymts.net)