



## Rooted Permissions Form

By signing, I hereby acknowledge that the below information is true and applies to each child listed on this form:

- I agree to support the Rooted Youth Group in ways such as donating towards food, providing food, and helping clean.
- I authorize the United Church of Mount Vernon, the First Presbyterian Church of Mount Vernon, and Seeds of Faith Lutheran Church to publish the names and photographs taken of the undersigned child/ren to be used appropriately for the churches' purposes stated above.
- I relieve the Mount Vernon United Methodist Church and its leaders, drivers, and chaperones of all responsibility in the case of personal injury to my child/ren in good faith.
- I consent to the administration of appropriate first aid to my child/ren in the case of an emergency.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_