



PERMISSION FORM

Permission to Participate

I, _____, having legal custody of (child) _____, grant my permission for him/her to participate at the ONL Summer Camp.

I agree _____, I do not agree _____, (please initial one) to allow Operation New Life and their volunteers use photographs and/or videotapes of my child for public relations.

I release Operation New Life from any liability associated with my child's participation in this program. I understand that Operation New Life cannot be responsible for loss of valuables. (Please initial) _____

Travel Permission

I, _____, give my child permission to ride in the private car or van driven by an Operation New Life volunteer.

Emergency Contact

If I am not reachable in the case of an emergency, please contact the following person:

Name: _____

Phone Number: _____

Relationship to Student: _____

Alternate Contact

Name: _____

Number: _____

I agree to all of the statements above and give my permission for my child to participate in Operation New Life Summer Camp.

Signed _____ Date _____