

**Liability Release Form**

*(To be completed for all children for Youth Angel Day Camp)*

I understand and certify that my child's participation in Youth Angel Day Camp and its activities is completely voluntary and I have familiarized myself with the camp's program and activities in which my child will be participating.

I hereby give permission for my child (full name) \_\_\_\_\_ to attend Youth Angel Day Camp. I fully understand that the camp is being administered by volunteers, is non-profit, and is not in any way a business. The Science of Spirituality sponsors youth Angel Day Camp. I will not hold Science of Spirituality or any of their and/or the camp's working volunteers liable for any accident, injury, or death that may occur to my child at the Youth Angel Day Camp.

Name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date \_\_\_\_\_