

Dearborn Hills Student Ministries
Air Soft Parent Consent Form (Permission Slip)

Student's Name: _____

Parent's Name: _____

I hereby give my permission for the student listed above to participate in the following activities associated with the Dearborn Hills Student Ministries. (Check appropriate box)

- To participate in the Air Soft Event through the Student Ministries
- Attend the Air Soft Activity at a leader's home.

I understand that my child will need to participate in a safe way. I authorize him to participate and understand there is a potential level of injury associated with Air Soft equipment. I will not hold anyone associated with Dearborn Hills UMC, its leaders (staff) or the home owner responsible for injury during this event / activity.

Signature of the Parent / Gaurdian: _____

Date: _____ Home Phone: _____