



Child Evangelism Fellowship of North Carolina, Inc.

Parental Activity Permission Form

Name: _____
Last First MI

Age: _____ Date of Birth: ____/____/____ Sex: M____F____

I the undersigned have legal custody of the child named above, a minor, and have given our consent to him/her to attend Christian Youth in Action Camp at Springs of Life Camp (3443 Spring Rd, Patrick Springs, VA), CEF Summer Clubs, and other CEF activities throughout the year.

I acknowledge that all pertinent information concerning any medical, emotional or learning challenges have been made known that possible could affect my child's involvement in the ministry of CEF.

I understand that there are inherent risks involved in any ministry, or recreational/athletic event, and I hereby release Child Evangelism Fellowship, its employees or volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement.

In the event that my child is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by CEF, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

Child Evangelism Fellowship® may, from time to time, document the activities of the ministry with photographs or videos. I hereby assign and grant to Child Evangelism Fellowship Inc., its subsidiaries and successors, and assign the unqualified right to the ownership, use and proceeds of all photographs or video of me or my minor child, without reservation or limitation, including use of photographs or video of me or my minor child for, but not limited to, advertising, educational and promotional purposes.

Signed: _____

Print Name: _____

Date: _____

Cell Phone: _____

Day Phone: _____ Evening Phone: _____