

**Connekk Youth
Parental Permission / Release Form**

EVENT: September 9-11 Connekk Youth Falls Lake Campout

I (Parent / Legal Guardian) _____ herby give my student(s)
_____ permission to attend the above event with
Connekk Youth. Also, in the case of an emergency, I give the adult leadership team permission to undergo
any necessary medical treatment for my student(s) at the expense of the parent or legal guardian. Connekk
Youth and Ekklesia Church have taken all the necessary safety precautions to protect my student(s), and
therefore, will not be held responsible in any way for any injury that may occur during this event.

Details: *The campout will take place at Falls Lake at the Rolling View group campsites. We will be departing in late afternoon (4-6pm) on Friday and will return back to a designated meeting place on Sunday afternoon around 2:30-3:00 pm.*

Does your student(s) have any medical conditions or food allergies?

Please provide your best emergency contact phone number(s):

(Parent/Guardian Signature)

(Date)