

RVCC Parental/Guardian Quizzing Consent

Dear Parent or Guardian,

We are delighted that your child has chosen to participate in RVCC's Teen quizzing program this year.

Below is a list of Quiz Meet dates. The intent of this form is to secure your permission for your child to attend the meets. Please initial each of the meets that your child will be permitted to participate in. Transportation will be provided in RVCC's van or, in the event that it make sense economically, in one of the leader's vehicles. Please contact _____ if you have any comments, questions, or concerns.

_____ [Date/location]

_____ [Date/location]

_____ [Date] at MVNU

_____ [Date/location]

_____ [Date/location]

_____ [Date/location]

_____ [Date] District Finals at [location]

_____ [date] Regionals at MVNU

River Valley Community Church 1412 27th Street Vienna, WV 26105 304.295-7801 www.rvccnaz.com

Child's Name: _____ Date of Birth: _____.

Age: ___ Gender: ___ Phone number: _____.

Address: _____.

I, _____, (printed name of parent/guardian) being the parent or legal guardian of

_____, (printed name of minor) have been informed of the activity described above and sponsored by River Valley Community Church and hereby give my consent for my child to participate in this activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity and that the possibility of an unforeseen hazard does exist. I further agree not to hold River Valley Community Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I also understand that my child is to be excluded from the following activities:

_____.

Signature of parent/guardian: _____ Date: _____.