

# MOUNT MORIAH CHRISTIAN CAMP HIGH ADVENTURE PROGRAM

## PARENTAL CONSENT FORM

Participant's Name: \_\_\_\_\_

Adult Leader's Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

As parent or legal guardian of the above named participant, I certify that said person has my permission to attend and participate in the Mount Moriah Christian Camp High Adventure Program.

I further certify that the above named participant has my permission to travel in shuttle vehicles to and/or from the expedition location as warranted by the expedition itinerary. I understand that Mount Moriah Christian Camp contracts this service.

In the event of emergency or accident, Mount Moriah will notify the emergency contact listed on the Medical Form as deemed necessary by Mount Moriah Staff.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(by parent or legal guardian not traveling with youth if possible)

Name: \_\_\_\_\_  
(Please Print Legibly)