

**Abbalove International Ministries  
Parental Consent  
and Release of Liability Form**

I, the undersigned parent or guardians of \_\_\_\_\_, a minor, do hereby grant permission for my child to participate in the Abbalove Summer Camp at Retreat Agape, Perris CA on June 27-29, 2014. I also authorize my child to participate in local travel and all other activities associated with the retreat. I also authorize the retreat sponsors to secure such medical advice and services as may be deemed necessary for the health and safety of my child if I cannot be reached. I agree to accept financial responsibility for any such advice and services. I hereby release Abbalove International Ministries and all representatives and sponsors from responsibility and liability for any injury or illness that my child may sustain during this event listed.

(Please print the following information)

Name of Participant: \_\_\_\_\_ Gender: F/M Age: \_\_\_\_\_  
Parent or Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Signature of Parent or Guardian: \_\_\_\_\_

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