

# ULTIMATE LOCK-IN

# EVENT PERMISSION FORM

**Swimming!**

**KnockerBalls!**

**Ice Skating!**



**Inflatables!**



**Escape Room!**



**Pizza!**

**Service Projects!**

**Dodgeball!**

Fri, Feb. 1, 2019, 10:00 p.m. -  
Sat, Feb. 2 at 5:30 a.m.

Maple Grove Community Center  
12951 Weaver Lake Road,  
Maple Grove

All 6-8 graders and their  
friends!  
High school helpers needed,  
too!

\$25 until Jan. 23;  
\$30 thereafter  
(\$5 for high school helpers until  
1/23 (\$10 thereafter))

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

**Parents**, if you can help, please circle which shift: 9:30 p.m.-2 a.m. 2-6 a.m. All Night

Which parent is helping?: \_\_\_\_\_

My child is: Staying the whole night \_\_\_\_\_ Arriving Late (list time) \_\_\_\_\_

Leaving Early (list time) \_\_\_\_\_

High School youth/Adult Leader t-shirt size: \_\_\_\_\_ Requesting Gluten Free Pizza (circle one): Y N

**Release from liability:**

Parent/Guardian hereby authorizes my son/daughter to participate in said activity. Parent/Guardian hereby release, forever discharge and agree to hold harmless Word of Peace Lutheran Church from the described event, and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the described event. The undersigned further hereby agrees to hold harmless and indemnify Word of Peace Lutheran Church, its directors, employees and agents for liability sustained by said acts of said participant, including any expenses incurred. The undersigned also gives permission for photos to be used online and in print.

The undersigned further consents to the administration of first aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_