



**PARENTAL CONSENT FOR MINOR TO TRAVEL TO VOIT/SEE
With Salvation Army Personnel**

Name: _____

Corps/Church/Ministry Unit: _____

Event: VOIT/SEE The Salvation Army Territorial Youth Congress May 21-24, 2020

Travel Dates: Departure: _____

 Return: _____

Type of Transportation (if any): _____

Consent:

I voluntarily agree to allow my child to participate in VOIT/SEE – The Salvation Army Territorial Youth Congress, and to travel with Salvation Army personnel/volunteers to and from the event. By voluntarily allowing participation, I agree that I am exposing my child to inherent risks and hazards. I agree to accept all risks and hazards and be responsible for any injury or other loss which may occur during the participation of my child. I authorize The Salvation Army to seek emergency medical treatment for my child in the event of an injury.

Signature of Parent/Guardian

Date