

PARENTAL CONSENT FORM

Mailing Address:

Harvest Mission Community Church
Attention: Pastor Benjamin Kim
P.O. Box 7457
Austin, TX 78713

As the parent/guardian of _____, I give permission for my child to participate in HMCC's 2024 Summer Missions Project.

I will not hold Harvest Mission Community Church liable for any accidents/injury to my child or any damage to my child's property during the trip.

Parent or Guardian's Printed Name: _____

Parent or Guardian's Signature: _____

Date: _____